



Teacher Visitation Grant Application

Lake Region Teacher Center

Name _____ Date _____

School _____ Content Area _____

Date of Observation _____ Location of Observation _____

This grant will reimburse your school for the substitute needed during your visitation.

Brief explanation of your goals for this observation:

How would this observation fit in with your professional goals?

How will you apply what you have learned?

How will you share this information with others?

Requirement: Writing a brief summary containing the most important things you learned. This writing is to be submitted within two weeks of the observation opportunity and may be included in a future Lake Region Teacher Center Newsletter.

Application approved _____ Date _____

Application denied _____ Date _____

Reason for denial _____

Return to Jennifer Carlson, Director
Lake Region Teacher Center
810 10th St. SE, Devils Lake, ND 58301
888-701-NESC (6372)
or email jennifer.carlson@nescnd.org