Administrator’s Letter

Please complete this form for the teachers from your school, center or district who are applying to participate in a week-long teacher institute at the Monterey Bay Aquarium.

Administrator: 

Title: 

School or Center: 

School or Center Address: 

School Phone: 

Participants’ Names: 

Applying to: 

- Splash Zone Teacher Institute Year 1 (Grades PreK-2) 
- Splash Zone Teacher Institute Year 2 (Grades PreK-2) 
- Coastal Systems Teacher Institute Year 1 (Grades 3-5) 
- Coastal Systems Teacher Institute Year 2 (Grades 3-5) 
- Project-Based Science Institute Year 1 (Grades 6-8) 
- Project-Based Science Institute Year 2 (Grades 6-8) 
- Connecting with Marine Science Institute (Grades 9-12) 

Please accept this letter indicating my support for the above-mentioned teachers to participate in a Monterey Bay Aquarium teacher institute.

I understand that, at no cost to the school, center or district, Monterey Bay Aquarium will provide each team member with:

- One year of quality professional development (five days during summer plus follow-up sessions during the school year).
- Free classroom activities and resources.
- Opportunities for professional collaboration.

In exchange, the school, center or district will provide support for:

- An in-service presentation or project by the team during the school year.
- The implementation of activities and technology gained through the institute.
- Collaboration with colleagues and institute staff.

Administrator’s Signature: 

Date: 

Questions: Please contact Teacher Programs at the Monterey Bay Aquarium
Email: educatorprograms@mbayaq.org | Phone: 831.648-4846 | Fax: 831.647.4526