



Teacher Application for Edible Education 2017-2018

TEACHER INFORMATION: <i>PLEASE PRINT</i>	
Last Name:	First Name:
Home Address:	Phone:
District Email:	Secondary Email:
District:	School:
Grade Level You Currently Teach:	Subject:
Room #	#of Students:

Do you have any experience with Edible Education activities including gardening, classroom cooking, health and nutrition, or outdoor education?
What most excites you about participating in Edible Education?

SCHEUDLE OF TEACHER TRAININGS AND EVENTS 2017-2018



	LAS CRUCES DATES	EL PASO DATES	PEER LEARNING CONFERENCE AND CELEBRATION	YOUTH FARMERS' MARKET
WORKSHOP 1 8:30AM-2:30PM	September 16 th , 2017	September 23 rd , 2017	December 2 nd , 2017	April 21 st , 2018 in El Paso
WORKSHOP 2 8:30AM-12:30PM	October 14 th , 2017	October 21 st , 2017		
WORKSHOP 3 8:30AM-12:30PM	January 27 th , 2018	February 3 rd , 2018	Las Cruces, New Mexico	April 28 th , 2018 in Las Cruces
WORKSHOP 4 8:30AM-12:30PM	March 10 th , 2018	March 3 rd , 2018		



WORKSHOP ATTENDANCE: In order to plan for attendance at each workshop, please select the workshop dates and locations that you plan to attend:

WORKSHOP 1:

- ____ September 16th, 2018 (Las Cruces)
- ____ September 23rd, 2018 (El Paso)

WORKSHOP 3:

- ____ January 27th, 2018(Las Cruces)
- ____ February 3rd, 2018(El Paso)

WORKSHOP 2:

- ____ October 14th, 2017 (Las Cruces)
- ____ October 21st, 2017 (El Paso)

WORKSHOP 4:

- ____ March 3rd, 2018(El Paso)
- ____ March 10th, 2018 (Las Cruces)



STUDENT RECIPE AND ACTIVITY BOOKLETS: Please indicate how many recipe booklets you would need for your students and in which languages you would like them.

I would like _____ **English Booklets** to support monthly cooking with my students.

I would like _____ **Spanish Booklets** to support monthly cooking with my students.

I would like _____ **Bilingual Booklets** to support monthly cooking with my students.



EDIBLE EDUCATION TEACHER CONTRACT 2017-2018

PLEASE INITIAL BELOW. YOUR INITIALS INDICATE YOU COMMIT TO FULL PARTICIPATION IN THE EDIBLE EDUCATION PROGRAM.

	I will attend all of the mandatory professional development workshops as scheduled in this series.
	I will fully integrate the Edible Education lessons and activities into my classroom, bringing students to the outdoor garden space on a regular basis and creating time for monthly classroom cooking activities.
	I will provide La Semilla a summary of my experience in Edible Education and feedback to improve Edible Education materials.
	I commit to conducting monthly checks to ensure the garden is healthy and all systems are functioning.
	I will contribute to the continued collaboration between my school colleagues, my principal and La Semilla to ensure the Edible Education Program is fully adhered to.
	I agree that the school garden will be my responsibility to maintain in conjunction with my colleagues, principal, and students.

I agree to the aforementioned stipulations of participation in the Edible Education Professional Development Series.

Printed Name: _____

Signature: _____ Date: _____

QUESTIONS?

Please reach out to EdibleEducation@lasemillafoodcenter.org with any questions or to submit your school's application materials. The sooner we get your materials, the sooner we can jump in to Edible Education! Please return your application as soon as possible, but no later than **Wednesday, August 30TH, 2017**.

EdibleEducation@lasemillafoodcenter.org