



# Teacher Visitation Grant Application

## Lake Region Teacher Center



Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Content Area \_\_\_\_\_

Teacher/Educator(s) to Observe \_\_\_\_\_

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 NESC Newsletter.

Application approved \_\_\_\_\_ Date \_\_\_\_\_

Application denied \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial \_\_\_\_\_

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