

Every Learner Inquires (ELI) Application

BUILDING: _____

DISTRICT: _____

Directions: Please distribute this form and a copy of the ELI cover letter to each participating team member. In the table below, provide the names and signatures of your district's ELI team members.

Priority is given to: SINA and "Watch List" schools and High Needs districts

Elementary Participants <i>(Please PRINT name.)</i>	Signatures of Participants <i>(Please SIGN name.)</i>
Participating Administrator (Principal, Curriculum Coordinator, Science Specialist) *	
Names of Team Members:	
*1.	
2.	
Secondary Participants <i>(Please PRINT name.)</i>	Signatures of Participants <i>(Please SIGN name.)</i>
Names of Team Members:	
*1.	
2.	

* Required information

Contact Person

Name

Telephone Number

Superintendent's Signature

Please fax this application to Margaret Van Fossen at the Mississippi Bend AEA (563-359-5967 [**Attention: M. Van Fossen**]) on/before **Friday, March 17, 2006**.