

Registration for Algebra 2 equivalent pathways: **Advanced Quantitative Reasoning Course**

For Local Education Agencies (LEAs) that wish to participate in the Advanced Quantitative Reasoning (formerly Mathematical Modeling and Reasoning) Algebra 2 equivalent cohort.

COMPLETE ONE FORM FOR EACH SCHOOL IF:

- The school is offering this Algebra 2 equivalent course **for the first time**.
- The school has offered this Algebra 2 equivalent course previously, but the course will be taught by a teacher who **has not completed training**.

Before registering, you may choose to review the [Algebra 2 Equivalent Course Readiness Checklist](#). The checklist is to encourage your school and community to consider a broad range of factors when considering adding an Algebra 2 equivalent course.

You will be asked for the following information [view a [read-only PDF registration form](#) for reference only]:

- LEA (school building) information
- Contact information for building principal/assistant principal
- Contact information of teachers/specialists who will participate in teaching or supporting the course (including e-mail)
- Contact information for LEA authorized representative
- Plan for participation in the next school year (first-time applicant, new teacher, other)

Questions? Contact Steve Miller, AQR State Lead, Summit ESC
stephenm@summitesc.org

* Indicates required question

POINT OF CONTACT INFORMATION

List the LEA point of contact regarding questions or notices regarding this form.

1. Point of Contact Name (for questions or notices regarding this form) *

2. Point of Contact Title *

3. Point of Contact E-mail *

4. Point of Contact Phone *

5. Name of Parent Organization (e.g. District, Sponsor, Diocese, Non-Profit, Career Technical Planning District/Joint Vocational School) *

Please do not abbreviate

SCHOOL INFORMATION

[Look up your school IRN](#). If your organization does not have an IRN, or you don't know your IRN, enter 000000.

6. School Information Retrieval Number (IRN) *

7. School Type *

Mark only one oval.

☐ Traditional Public High School

☐ Public Community or Charter School (including online, dropout prevention, etc)

☐ Non-Public High School

☐ Career Tech Center/Joint Vocational School

☐ STEM-designated School

☐ Other:

8. If Other, please explain

9. School Name *

Please do not abbreviate

10. School Principal Name *

11. School Principal E-mail *


12. School Counselor Name (Optional)

13. School Counselor E-mail (Optional)

14. School Address *

15. County

16. Educational Service Center affiliation, if applicable ([ESC Finder](#))

 Dropdown

Mark only one oval.

- ☐ Allen County ESC
- ☐ Ashtabula County ESC
- ☐ Athens-Meigs ESC
- ☐ Auglaize County ESC
- ☐ Brown County ESC
- ☐ Butler County ESC
- ☐ Clark County ESC
- ☐ Clermont County ESC
- ☐ Columbiana County ESC
- ☐ Darke County ESC
- ☐ East Central Ohio ESC
- ☐ ESC of Central Ohio
- ☐ ESC of Eastern Ohio
- ☐ ESC of Lake Erie West
- ☐ ESC of Medina County
- ☐ ESC of Northeast Ohio
- ☐ ESC of Lorain County
- ☐ ESC of the Western Reserve
- ☐ Fairfield County ESC
- ☐ Gallia-Vinton ESC

- ☐ Greene County ESC
- ☐ Hamilton County ESC
- ☐ Hancock County ESC
- ☐ Jefferson County ESC
- ☐ Knox County ESC
- ☐ Lawrence County ESC
- ☐ Licking Regional ESC
- ☐ Madison-Champaign ESC
- ☐ Mercer County ESC
- ☐ Miami County ESC
- ☐ Mid-Ohio ESC
- ☐ Midwest Regional ESC
- ☐ Montgomery County ESC
- ☐ Muskingum Valley ESC
- ☐ North Central Ohio ESC
- ☐ North Point ESC
- ☐ Northwest Ohio ESC
- ☐ Ohio Valley ESC
- ☐ Pickaway County ESC
- ☐ Preble County ESC
- ☐ Putnam County ESC
- ☐ Ross Pike County ESD
- ☐ South Central Ohio ESC

- ☐ Southern Ohio ESC
- ☐ Stark County ESC
- ☐ Summit ESC
- ☐ Tri-County ESC
- ☐ Trumbull County ESC
- ☐ Warren County ESC
- ☐ Western Buckeye ESC
- ☐ Wood County ESC
- ☐ Unaffiliated

TEACHER INFORMATION

If a teacher is not yet determined, please submit a contact person's information for follow up.

17. Teacher 1 Name

18. Teacher 1 E-mail

19. Teacher 2 Name

20. Teacher 2 E-mail

21. Teacher 3 Name

22. Teacher 3 E-mail

23. Other Participating Teachers (name, e-mail)

PARTICIPATION

24. How will your LEA participate next school year? *

Check all that apply.

- ☐ The course will be offered for the first time
- ☐ We have offered the course in the past, but we will have a new teacher teaching the course
- ☐ Other: _____

25. If "Other", please explain:

AUTHORIZED REPRESENTATIVE

26. Authorized Representative Name *

27. Authorized Representative Email *

28. I authorize this school to offer the Algebra 2 equivalent course and support staff participation in training and coaching of the *Advanced Quantitative Reasoning Course*. *

Check all that apply.

☐ Yes

29. Date *

Example: January 7, 2019

Thank you for completing this form. Your point of contact will receive additional information and notices via email.

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