



FSU Science on the Move  
**Classroom Visit Agreement**  
Fall 2018 – Spring 2019



Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

**Should my class(es) be selected for a visit from Science on the Move (SOTM)...**

\_\_\_\_\_ I understand that SOTM is a free program and as such is in very high demand, so I will make the most of this opportunity.

\_\_\_\_\_ I recognize that the SOTM instructor is an expert in physical science content and pedagogical content knowledge and I view my visit from SOTM as a professional development opportunity *for me* as well as a learning experience for my students.

\_\_\_\_\_ I will be present. I will schedule the visit for a day on which I will be with my class, I will **not** arrange for a substitute (except in cases of extreme emergency).

\_\_\_\_\_ I will be engaged and will model good behavior for my students. I will **not** grade papers, leave the room, or otherwise disrupt class.

\_\_\_\_\_ I will support student learning by maintaining control of my class *without* discouraging student thinking, expression of ideas, or discussion when appropriate.

\_\_\_\_\_ I understand that state mandated class size limits apply. I respect that SOTM cannot accommodate more than 25 students at a time for safety reasons.

\_\_\_\_\_ I understand that SOTM activities are intended as *classroom laboratory activities*, **not** demonstrations. I will aid in facilitation however I can by, including but not limited to, preparing a suitable schedule, reserving an appropriate classroom/field, obtaining any necessary approval from my school officials, and alerting SOTM staff of any special considerations.

\_\_\_\_\_ *If signing up on behalf of a teaching team*, I will make my team aware of the stipulations of this agreement.

\_\_\_\_\_ I recognize that failure to uphold this agreement may influence my priority for future SOTM classroom visit sign-ups and/or my equipment loan privileges.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

Completion of this form does NOT guarantee you a visit this semester, but is a necessary condition for selection. Please complete and return this form to the Director of SOTM before the end of August, by email (scan and send to [scienceonthemove@bio.fsu.edu](mailto:scienceonthemove@bio.fsu.edu)), by fax (850-644-0643), or by snail mail:

Attn: Science on the Move  
Office of Science Teaching Activities  
1062 King Life Sciences Bldg  
319 Stadium Drive  
Tallahassee, FL 32306-4295