



Dear Close Up Teacher:

To earn three (3) Continuing Education Units (CEUs) from the Close Up Foundation you must do the following:

- Attend all teacher program elements and get signatures from Teacher Program Specialists using the correct Participation Verification Form for your program (see attached forms). Teacher program elements include:
 - Orientations: on Sunday night and/or Monday morning
 - All scheduled teacher electives
 - All scheduled teacher seminars & workshops
 - All scheduled student-teacher meetings
 - Capitol Hill day with your students (high school only)
 - Thursday teacher or student electives
- Within four weeks of completing your program, please submit:
 1. A three-page, typed, double-spaced paper detailing how you would use the information presented to you this week to supplement your classroom lesson plans.
 2. A lesson plan covering one of the topics discussed while on the Teacher Program.
 3. Your Close Up teacher program schedule
 4. The Information form (attached)
 5. A Participation Verification Form (attached)
- Mail completed paper, lesson plan, teacher program schedule and Participation Verification Form to:

Rose Steller
Manager of Teacher Programs
Close Up Foundation
1330 Braddock Place Suite 400
Alexandria, VA 22314

Sincerely,

The Teacher Program Specialists

Rose Steller, John Cheeseman, Sterling Howell, Dan King, James Sheehan & Gerald Taylor

For questions, please email rsteller@closeup.org



**Close Up Continuing Education Units
Information Form**

Please print clearly.

Name: _____

School: _____

School Address: _____

Home Address: _____

What week did you attend Close Up? _____

What hotel did you stay in? _____

Who was the Teacher Program Specialist for your hotel? _____

What course(s) are you teaching this school year? _____

Daytime Phone Number: _____

Email Address: _____

What is your main reason for pursuing Continuing Education Units? (please circle all that apply)

Re-certification

Working towards a masters degree

Personal growth

Other: _____

Submit this form, along with the paper, lesson plans, Close Up Foundation Participation Verification Form,
and your Close Up Teacher Schedule in one packet to:

Rose Steller, Close Up Foundation, 1330 Braddock Place Suite 400, Alexandria, VA 22314.



Continuing Education Units Participation Verification Form Washington High School Program

NAME _____ SCHOOL _____

<i>Program Component</i>	<i>Contact Hours</i>	<i>CUF Staff Initial</i>	<i>Date of Elective</i>
Sunday Dinner and Orientation	2.0	_____	_____
Monday Teacher Program Orientation	1.0	_____	_____
Monday Morning Teacher Elective :	2.5	_____	_____
<i>List elective here:</i>			
Monday Teacher Seminar:	1.5	_____	_____
<i>List speaker here:</i>			
Monday Afternoon Teacher Elective:	3.0	_____	_____
<i>List elective here:</i>			
Tuesday All Day Teacher Elective	7.5	_____	_____
<i>List elective here:</i>			
Student Teacher Meetings	0.5	_____	_____
Capitol Hill Day	8.0	_____	_____
All Day Teacher Exploration	8.0	_____	_____
Teacher Reflection Wrap Up Session	1.0	_____	_____

Total Hours _____ **(35 Contact Hours)**

Teacher Program Specialist signature: _____

Submit this form, along with the Close Up Enrollment Form, your Close Up Teacher Schedule, and all completed course assignments in one packet to:
Rose Steller, Close Up Foundation, 1330 Braddock Place Suite 400, Alexandria, VA 22314.



**Continuing Education Units Participation Verification Form
Washington High School Program Fall Williamsburg**

NAME _____ **SCHOOL** _____

<i>Program Component</i>	<i>Contact Hours</i>	<i>CUF Staff Initial</i>	<i>Date of Elective</i>
Sunday Dinner and Orientation	2.0	_____	_____
Monday Teacher Program Orientation	1.0	_____	_____
Monday Morning Teacher Elective : <i>List elective here:</i>	2.5	_____	_____
Monday Teacher Seminar: <i>List speaker here:</i>	1.5	_____	_____
Monday Afternoon Teacher Elective: <i>List elective here:</i>	3.0	_____	_____
Student Teacher Meetings	0.5	_____	_____
Tuesday Capitol Hill Day	7.0	_____	_____
Wednesday Teacher Elective <i>List elective here:</i>	8.0	_____	_____
Thursday Colonial Teacher Elective <i>List elective here:</i>	3.0	_____	_____
Thursday Colonial Exploration	2.5	_____	_____
Student-Teacher Exploration	8.0	_____	_____
Teacher Reflection Wrap Up Session	1.0	_____	_____

Total Hours _____ **(40 Contact Hours)**

Teacher Program Specialist signature: _____

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Continuing Education Units Participation Verification Form
Middle School Williamsburg-or-Philadelphia

NAME _____ SCHOOL _____

Table with 4 columns: Program Component, Contact Hours, CUF Staff Initial, Date of Elective. Rows include Sunday Staff Dinner, Sunday Teacher Program Orientation, Monday All Day Exploration in Williamsburg/ Philadelphia, Tuesday All Day Teacher Elective, Student Teacher Meetings, Wednesday Morning Teacher Elective, Wednesday Afternoon Teacher Elective, and Student-Teacher Smithsonian Exploration.

Total Hours _____ (25 Contact Hours)

Teacher Program Specialist signature: _____

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Continuing Education Units Participation Verification Form
Middle School Core Program

NAME SCHOOL

Table with 4 columns: Program Component, Contact Hours, CUF Staff Initial, Date of Elective. Rows include Sunday Dinner and Orientation, Monday Teacher Program Orientation, Monday Morning Teacher Elective, Monday Teacher Seminar, Monday Afternoon Teacher Elective, Student Teacher Meetings, Tuesday All Day Teacher Elective, and Student-Teacher Smithsonian Exploration.

Total Hours (20 Contact Hours)

Teacher Program Specialist signature:

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Continuing Education Units Participation Verification Form
Program for New Americans- High School

NAME SCHOOL

Table with 4 columns: Program Component, Contact Hours, CUF Staff Initial, Date of Elective. Rows include Sunday Staff Dinner, Monday Teacher Program Orientation, Monday Morning Teacher Elective, Monday Teacher Seminar, Monday Afternoon Teacher Elective, Tuesday All Day Teacher Elective, Student Teacher Meetings, Capitol Hill Day, Thursday Teacher Elective, Student-Teacher Exploration, and Teacher Reflection Wrap Up Session.

Total Hours (40 Contact Hours)

Teacher Program Specialist signature:

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Continuing Education Units Participation Verification Form
Program for New Americans- Middle School

NAME SCHOOL

Table with 4 columns: Program Component, Contact Hours, CUF Staff Initial, Date of Elective. Rows include Sunday Staff Dinner, Monday Teacher Program Orientation, Monday Morning Teacher Elective, Monday Teacher Seminar, Monday Afternoon Teacher Elective, Tuesday All Day Teacher Elective, Student Teacher Meetings, Wednesday Morning Teacher Elective, Wednesday Afternoon Teacher Elective, and Student-Teacher Smithsonian Exploration.

Total Hours (25 Contact Hours)

Teacher Program Specialist signature:

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