



Application for International Education Partner in Orléans-Tours

Career, Standards & Assessment Services • 120 SE 10th Avenue Topeka, Kansas 66612-1182 • 785-296-1978 • www.ksde.org

1. INSTITUTION	
Name of institution/USD #	
Public or private?	<input type="checkbox"/> Public <input type="checkbox"/> Private
School level	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High
Grade levels included	
Name of Principal	
School address	
City/State	
Zip Code	
Telephone	
E-mail	
School website	
Name of French Teacher	
Telephone	
E-mail	
Do you currently/recently have any international school partnerships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please identify specifics (i.e. sister city school)	
School Demographics:	
School Enrollment	
Male	
Female	
School/community profile including minority populations, economic context, etc.	
Is this a Title I school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of students are ELL?	
Identify any particular programs currently in place in the district, such as AP or pre-AP program, International Baccalaureate, dual language immersion, etc.	
What languages are offered?	
What language honors, activities, clubs, are offered?	
Name your school goals	
Number of students studying French	
Have you had a previous partnership or exchange with French-speaking schools (France, Canada)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Is it current?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. THE PROJECT: THE PURPOSE OF ALL PROJECTS WILL BE TO IMPROVE THE LEARNING OF FRENCH IN KANSAS AND THE LEARNING OF ENGLISH IN FRANCE	
Do you have a definite plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe it	
Name of the project (may leave blank if plans are tentative)	
Name of coordinating teacher	
Number of additional collaborating teachers	
Content areas that are/might be involved	
Developing a plan: choose at least three areas of focus for a new project, numbering in order of importance (1, 2, 3...) from the list below. If your focus is not included, write a short description in 'other'.	
Introduce a school-wide global perspective	
E-pals	
Interdisciplinary collaboration on topics	
Class exchanges	
Collect and exchange teaching resources	
Individual student exchanges	
Apply practical use of technology	
Teacher exchanges	
Virtual student exchanges	
Find apprentice experience for college/career	
Teacher proficiency development/maintenance	
Other:	
Are you prepared to start a project limited to virtual exchanges (no travel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OR: Does your project require travel to France?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify topics of interest for exchanging information with a teacher/class partner in France. Number in order of preference (1, 2, 3...)	
Science and technology	
Local heritage	
Theater	
Sports	
Beauty and aesthetics (music and art)	
Career pathways (specify approved CTE):	
History/Local history	
Media and news	
Citizenship	
Contemporary Life	
Personal and public identities	
Global challenges (environment)	
Families and communities	
Conflict and politics	
Local cuisine	
Other:	

3. PARTICIPATING CLASS	
Class(es) involved in a project:	
Name of class that will be involved Fr 1, 2, 3, 4, honors, AP, IB??:	
Average age of students	
Number of students (approximate next year)	
Male	
Female	
What time of day will it meet?	
4. TECHNOLOGY	
Computer lab available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speed of internet connection	
Wifi	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other equipment available (White board, polycom, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain	
Tech support person able to be present? Knowledgeable of international filter and connection issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of technology-dependent activities is the coordinating teacher willing to work with?	
E-mail/e-pals	<input type="checkbox"/>
Create collaborative webpages	<input type="checkbox"/>
Class journals	<input type="checkbox"/>
Video conferencing	<input type="checkbox"/>
Blogs	<input type="checkbox"/>
Pod cast	<input type="checkbox"/>
Photos	<input type="checkbox"/>
Video recording	<input type="checkbox"/>
Letters	<input type="checkbox"/>
Chat	<input type="checkbox"/>
Other: describe in detail	<input type="checkbox"/>

Please sign and date this document.

Date: _____

Signature of principal: _____

Signature of coordinating teacher: _____

Send completed form to:

Phyllis Farrar, Education Program Consultant - World Languages & ESL
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 Topeka, KS 66612-1182

If you have any questions:

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