



INTERNATIONAL SPANISH ACADEMIES

APPLICATION FORM (2009-2010)

I.- SCHOOL INFORMATION

NAME		LEVEL	
DISTRICT		ADDRESS	
STATE/PROVINCE			
COUNTRY (USA/CANADA)			
PHONE		WEB	
TOTAL STUDENT POPULATION			
PRINCIPAL	NAME:		
	E-MAIL:		
CONTACT PERSON (program coordinator)	Name:		
	E-mail:		
	Position:		

II ABOUT THE FUTURE I.S.A.

a) Type of program in Spanish

Partial Immersion		Two-way Immersion	90/10		Time it has been implemented in the school
			50/50		
Total Immersion		Bilingual Program (Canada)			
Dual language		Other (specify)			

b) Students participating in the Spanish program

Nº per grade	Pre K	K	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12	TOTAL

c) Curriculum

SUBJECTS IN SPANISH		% IN SPANISH		CONTENT ESTABLISHED BY THE SCHOOL/ STATE? (partially/ totally?)	
TEXTBOOKS * For content areas in Spanish		PUBLISHING COMPANY			

d) Evaluation: Please include the assessments that may be relevant for your application ((SOPA, ELLOPA, COPE, STAMP, AP, OPI, DELE...):

Name		Institution	
------	--	-------------	--

e) Staffing

Nº teachers in the program	Grade/ level	Specialization	Command of Spanish	From Spain (Nº)	Not from Spain (Nº)
Nº Visiting Teachers			Nº Spanish Language Assistants		
Teacher Training/Development	Description		Mandatory	Optional	

f) Reasons to participate in the program

h) Current support from MEPSYD:

--

Date

(Signature of school representative)