



Digi-Block Summer Institute Application

Name: _____

School: _____

District: _____

Position: _____

Email: _____

1. Which grade(s) do you work with?

PK K 1 2 3 4 5 6 7 8 9 10 11 12

2. Is Digi-Block currently used in your:

Classroom	yes	no
School	yes	no
District	yes	no

3. How long have you used Digi-Block?

4. Have you ever attended a Digi-Block Professional Development training? If yes, how long ago and where was it located?

5. Where did you learn about the Digi-Block Summer Institute?

6. How would your attendance at the Digi-Block Summer Institute benefit your classroom, school and district?

7. Which areas of elementary arithmetic do you feel are most important to students' future success in mathematics?

Please fax or mail completed applications to:
617.661.3310
or
PO Box 380247
Cambridge, MA 02238