

CAMTE Professional Database Form

1. Name: _____

2. Institutional affiliation: _____

3. Position: _____

4. Email address: _____

5. Phone number: _____

6. Primary area(s) and grade level(s) of specialization for which you are willing to facilitate professional development:

Area of Specialization	Pre K-2	3-5	6-8	9-12	Higher Ed
Rational numbers					
Number sense					
Middle school mathematics					
Algebra					
Geometry, including transformational					
Measurement and data					
Proportional reasoning					
Probability/statistics					
Modeling					
Standards for Mathematical Practice					
Algebraic thinking					
Geometric thinking					
Teaching integrated mathematics					
Differentiating instruction in mathematics					
Teaching mathematics to special needs students					
Addressing the needs of ELLs					
Lesson study					
Technology-Area(s):					
Professional learning communities					
Coaching teachers of mathematics					
Cognitively Guided Instruction					
Curriculum development					
Low-performing students					
Equity (as related to areas identified above)					
Other:					

7. **Two recent professional development sessions that you have led** (include date, location, topic and/or title, and audience):

a. _____

b. _____

8. **Please provide the names, titles, and contact information (phone numbers and/or email addresses) for two professional references who can speak to your expertise as a professional development provider.**

a. _____

b. _____
