



**Miami-Dade County Public Schools
Division of Advanced Academic Programs
Academic Excellence Program**



**ACADEMIC EXCELLENCE PROGRAM (AEP) STAFF DEVELOPMENT SURVEY
20__ - 20__**

School: _____ **Work Location:** _____ **Phone #:** _____

- Indicate with a ✓ a maximum of two (2) curriculum components to be implemented.
- Provide the name(s) of all AEP teacher(s) who will be implementing the AEP program at your school.
- Indicate with a ✓ the teacher-training status based on the curriculum option(s) selected in the proposal.
- Please note that if at any time during the school year there is a change in teacher(s) assignment, the Division of Advanced Academic Programs must be notified of the new teacher(s) assigned to implement the AEP program.

Curriculum Components	Names of AEP Teachers	E-mail Address	AEP Grade Level(s)	Training Status	
				Needed	Not Needed
<input type="checkbox"/> Art Appreciation	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			
<input type="checkbox"/> Chess (Limited to 40 Schools)	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			
<input type="checkbox"/> Drama/Public Speaking	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			
<input type="checkbox"/> Geography in Action	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			

Curriculum Components	Names of AEP Teachers	E-mail Address	AEP Grade Level(s)	Training Status	
				Needed	Not Needed
<input type="checkbox"/> Hands-on-Science	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			
<input type="checkbox"/> Journalism: Print	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			
<input type="checkbox"/> Junior Great Books	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			
<input type="checkbox"/> Other _____	1.	1.			
	2.	2.			
	3.	3.			
	4.	4.			

_____	_____	_____
Name of person preparing form (print)	Signature	Date
_____	_____	_____
Principal's name (print)	Signature	Date
_____	_____	_____
Curriculum Administrative Director (print)	Signature	Date

Please submit form to:

9622
SBAB Annex, Room 235
Attention: AEP Proposal

OR

Fax: 305 995-7690
Attention: AEP Proposal