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**7TEACHER CENTER OF CHEEKTOWAGA**

**Maryvale School District**  
1050 Maryvale Drive – Room 240  
Cheektowaga, NY 14225  
Phone: 716-632-1042  
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**CHEMSHARE**  
**A Share Group for Chemistry Teachers**  
**2018-2019 In-Service**

**Facilitators:** Kathleen Gibbs, Facilitator, Guest Facilitators, and Instructors

**Time:** 4:00–7:00 PM

**Dates:** MONDAYS: **2018:** Sept. 17, Oct.15, Nov. 19   **2019:** Jan. 28, Feb. 25, Mar. 18, April 15

**LOCATION:** Session 1 (SEPT. 17, 2018) will be held at LANCASTER HIGH SCHOOL, One Forton Drive, Lancaster, NY 14086. Other sessions will be conducted at various consortium schools and hosted by ChemShare members from that school. Locations and topics for the year will be discussed on September 17.

**Description:** CHEMSHARE is a professional training series specifically designed to meet the needs of secondary instructor in public and non-public schools throughout Western New York. The OBJECTIVES are to enable instructors to share ideas, activities and strategies; expand the secondary Chemistry program by developing labs and kits; increase linkage with higher education and business. The '18-'19 CHEMSHARE sessions will focus on developing strategies that will incorporate processes and applications to the classroom in order to meet the NYS MST standards.

**COST:** \$54

**CLASS SIZE:** Min. 10, Max 25

**CREDIT:** 18 Clock Hours

**There are 7 sessions scheduled; no participant will receive in excess of 18 Clock Hours.**  
**Checks should be made payable to the *Teacher Center of Cheektowaga***

**Mail to:** Teacher Center of Cheektowaga  
Gloria LaSota, Director  
Maryvale School District  
1050 Maryvale Drive – Room 240  
Cheektowaga, NY 14225

**Registration begins NOW and ends SEPTEMBER 7, 2018**  
**Note: Late registrations will no longer be accepted.**

Participants will be notified if the share group is cancelled or full, otherwise, no written confirmation will be sent.  
*Registration procedures must be followed or participation is jeopardized.*

**CHEMSHARE 2018-2019**

HOME

SCHOOL

Name \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_ School Bldg. \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Zip \_\_\_\_\_ (Necessary in order to mail out certificates) City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_

**All information must be provided in case of cancellation, re-scheduling, or mailing notifications.**