**Maths Active School**

**Accreditation Application Form**

**For further information**

**Visit: mav.vic.edu.au/about-us/maths-active-schools.html**

**Call: 03 9380 2399**

**Email: office@mav.vic.edu.au**

**MAV Maths Active School Application form**

Please complete this Maths Active School application form then submit to office@mav.vic.edu.au.

**School contact details**

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| --- | --- | --- | --- |
| **School name** |  | **School phone** |  |
| **School address** |  | **Suburb** |  |
| **State** |  | **Postcode** |  |
|  |  |  |  |
| **Key contact name** |  | **Principal’s name** |  |
| **Key contact position** |  | **Principal’s email** |  |
| **Key Contact email** |  | **Principal’s signature** |  |

**Maths Active Criteria**

***Please provide specific examples and practices that demonstrates your school’s mathematics teaching and learning program. (400 word limit for each section)***

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| 1. How does your school actively support the mathematics professional learning needs of staff? |
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| 2. How does your school structure the mathematics program to maximize learning and teaching? |
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| 3. How does your school promote effective learning and teaching practices in mathematics? |
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| 4. How does your school use assessment to inform teacher practice to enhance student learning outcomes? |
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| 5.How does your school participate in student mathematics activities? |
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| 6. How does your school demonstrate a commitment to valuing mathematics in our society by incorporating parents and the community? |
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