GEAR UP Iowa
TEACHER/COUNSELOR/STAFF In-Kind Activities

Iowa College Student Aid Commission 603 E. 12th Street 5th Floor Des Moines, IA 50319 515-725-3406 FAX: 515-725-3401

The US Department of Education requires a dollar-for-dollar match of either cash or in-kind contribution of federal dollars disbursed. In-kind contributions indicate grantee commitment to the GEAR UP goals of academic support, counseling and advising, and career and college exploration. In-kind documentation delineates time spent beyond the professional day for which the certified or classified education professional is not paid.

	School	**Name**	**Position Title**	**Month**

✓	Activity	Hours
☐	Preparing and/or presenting workshops or professional development activities regarding academic preparation, career and college access, study and critical thinking skills, and the importance of academic rigor for all student populations.	
☐	Analysis of student data.	
☐	Web based research to improve classroom curriculum/enhance instruction.	
☐	Preparing homework or class work assignments.	
☐	Tutoring, mentoring, or student interventions designed to assure academic success.	
☐	Activities that provide alternatives to negative peer pressure.	
☐	Communicating with students/parents by email or telephone.	
☐	Participating in professional development activities which support GEAR UP goals.	
☐	Career fairs, college fairs, and/or campus tours: planning, participating in, or overseeing	
☐	Counseling interventions specifically related to GEAR UP goals: Planning/providing	
☐	Identify barriers such as gender, sexual orientation, race, color, national origin, disability, or age that impede access to participation in academically rigorous classes or extra curricular activities.	
☐	Community service projects that involve GEAR UP cohort members.	
☐	Other; please describe.	
	Total Hours:	0

I certify that I have volunteered _____ hours toward GEAR UP that is time spent outside of the classroom and beyond the contract day—I *cannot* count hours being paid by GEARUP funds.

_____

Signature Teacher/Counselor/Staff Date

_____

Signature Principal/Superintendent Date

To be completed by Gear Up Office

_____ hours @ _____ per hour were entered into the GEAR UP matching funds data base on _____ by _____ , GEAR UP Representative