

GAVE Documentation and Certificate Request Form



Dear GAPP/GAVE Coordinator,

We are glad to hear that you completed a GAVE with your students and ask you to complete the following Documentation and Certificate Request form to provide us with details about your virtual exchange.

To Submit

Please complete the following form and send along with 2-3 exceptional examples of students work to gapp@goethe.de.

SCHOOL AND PARTNERSHIP INFORMATION

U.S. SCHOOL

Name of School: _____

School Address, Street: _____

City: _____ State: _____ Zip: _____

US GAPP Coordinator

Ms/Mr/Mrs/Dr: _____ First Name: _____ Last Name: _____

School Email: _____ Alternative email: _____

* Please provide us with both a school and alternative Email address. School servers often block e-mails from outside servers, including the Goethe-Institut, preventing us from reaching you. If possible please also add gapp@goethe.de to your safe sender/receiver lists.

GERMAN SCHOOL

Name of German School: _____

German GAPP Coordinator

Frau/Herr: _____ First Name: _____ Last Name: _____

School Email: _____ Alternative email: _____

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EXCHANGE TOPIC

The GAVE program is divided into topics that all follow the same framework, or 'Fahrplan.'

Each student-centered topic includes introductory 'Get-to-Know-You Activities' and more in-depth 'Exchange Activities'. A complete GAVE should include 2 'Get-to-Know-You' Activities, at least 2 'Exchange Activities' and a Reflection.

GAVE Topic(s) chosen:

- | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Bullying/Mobbing | <input type="checkbox"/> Music/Musik |
| <input type="checkbox"/> Capitalism and Socialism/
Kapitalismus u. Sozialismus | <input type="checkbox"/> Shopping/Sust. living/Nachhaltigkeit |
| <input type="checkbox"/> Diversity/Diversität | <input type="checkbox"/> Social media/Soziale Medien |
| <input type="checkbox"/> Everyday life/Alltag | <input type="checkbox"/> Sports/Sport |
| <input type="checkbox"/> Food/Essen | <input type="checkbox"/> Other |

Chosen from:

- | | |
|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Language Track (English/German) | <input type="checkbox"/> Cultural Track (English only) |
|----------------------------------------------------------|--------------------------------------------------------|

If you chose other, please describe your exchange:

Other GAVE Resources Used:

- | | |
|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Intercultural Training | <input type="checkbox"/> Immerse U |
| <input type="checkbox"/> GAVE Journal/Tagebuch | <input type="checkbox"/> GAVE Technology Stipend |
| <input type="checkbox"/> Webinars | |

Certificate Requirements and Request

[] I would like to receive certificates of completion for my students and confirm that we completed the following components of the virtual exchange, from one or more GAVE Topics:

- Introduction to Data-Protection
- Get to Know You Activities (2)
- Exchange Activities (2)
- Reflection

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OUR EXCHANGE...

Took Place During...	<input type="checkbox"/> German Class
	<input type="checkbox"/> In an afterschool program
	<input type="checkbox"/> Other _____

Took place Over...	<input type="checkbox"/> 4 Weeks
	<input type="checkbox"/> 6 Weeks
	<input type="checkbox"/> Other _____
During...	_____ Semester _____ Year

IN NUMBERS

Number of US Students	
Number of German Students	

GENDER	US Students
Female	
Male	
Non-Binary	
Total # of US Students	

ETHNICITY	US Students
American Indian/Alaska Native	
Asian	
Black/African American	
Hispanic/Latino	
Native Hawaiian/Pacific Islander	
White	
Other	

If you indicated "other", please comment:

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US SCHOOL DATA:

School Type:	<input type="checkbox"/> Public <input type="checkbox"/> Private
Does your school receive Title 1 funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approx. population of your school:	
What is the population size of your community?	
<input type="checkbox"/> < 5,000	<input type="checkbox"/> 10-50,000
<input type="checkbox"/> 5-10,000	<input type="checkbox"/> >50,000
Area served by your school: Please check all that apply	
<input type="checkbox"/> Urban	<input type="checkbox"/> Rural
<input type="checkbox"/> Suburban	
<input type="checkbox"/> Small Town	<input type="checkbox"/> Other _____

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FEEDBACK (Optional)

We would love to hear more about your exchange experience!

What was the highlight of your virtual exchange?

What support would be helpful for future exchanges?

Did you receive a **Technology Stipend**? If so, how did it enhance your GAVE project?

Did you use **Immerse U**? If so, what did you like about using it?

Optional: Release of Testimonial

[] I have read and signed the Agreement of Release Information on page 5, and give permission, for my above feedback to be used by GAPP to help promote GAVE on social media, the GAPP website, and print materials, using my name and the name of my school.

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Authorization and Release Information

I understand my testimonial as outlined above in the Feedback section of this form (the "Testimonial") and made on behalf of GAPP, inc (hereinafter called "The Company") may be used in connection with publicizing and promoting The Company. I authorize The Company to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize The Company to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing The Company's programs or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The Company for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release The Company from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Name: _____

Signature: _____

Date: _____

Location: _____