

Leading and Implementing Co-Plan/Co-Serve Model Series

February 27-28, 2019 and March 20, 2019

Please complete one registration form per district or building team (team minimum is an administrator and lead-teacher co-teaching team. Additional administrators and teams, as well as instructional coaches or other building/district implementation supports are encouraged).

District or Building: _____

Phone Number: _____

ADMINISTRATOR(S):

I will attend the series and I give permission and support to the following staff to participate in this training series.

Signature: _____ Printed Name: _____

Email: _____ Role: _____

Signature: _____ Printed Name: _____

Email: _____ Role: _____

Signature: _____ Printed Name: _____

Email: _____ Role: _____

CO-TEACHER TEAMS:

I have read and understand the requirements of this training series.

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

Signature: _____ Printed Name: _____

Email: _____ Job Title: _____

OTHER TEAM MEMBERS:

ROLE/POSTION _____

I have read and understand the requirements of this training series.

Signature: _____ Printed Name: _____

Email: _____

ROLE/POSTION _____

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Signature: _____ Printed Name: _____

Email: _____

ROLE/POSTION _____

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Signature: _____ Printed Name: _____

Email: _____

ROLE/POSTION _____

I have read and understand the requirements of this training series.

Signature: _____ Printed Name: _____

Email: _____

Please mail/email/fax completed application form by **February 8, 2019** to:

Tracy Mail
Tracym@sst8.org
(330) 929-6634