

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

January 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** \_\_\_\_\_

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

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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