|  |  |
| --- | --- |
| School and District | Phone # |
| Contact Person | Fax # |
| Email | Contact # |
| Location/Address/Room |

|  |
| --- |
| Professional Learning Experience Title |
| Professional Learning Experience Description |
| Professional Learning Experience Outcomes |

[ ]  Single Session [ ]  Multiple Session Series [ ]  Full Day [ ]  ½ Day

|  |  |  |
| --- | --- | --- |
|  Dates | Begin Time | End Time |

###

### Plan for Follow Up *(Professional learning research and the new ESSA law states that follow up is necessary for successful implementation, increased education effectiveness and results for all students.)*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Coaching/Technical Assistance in Classrooms - Individual or small group coaching- An RBE-RN teacher trainer will work in schools with classroom teachers to implement skills learned in the initial workshop. This coaching could take many forms as it would be designed to meet the individual needs of the teachers. | [ ]  |  **Book/Article Talk Follow Up -** a series of 3 to 5 follow up sessions either face-to-face or online further exploring a text presented in the initial workshop. |
| [ ]  | On-line Discussion Groups - a series of 3 to 5 interactive online modules that involve taking a closer look at the topics from the first session and expanding them to classroom implementation. | [ ]  | **OTHER -** Help us design a learning experience that will best suit your needs. |

### Audience (check all that apply): [ ] ENL Teachers [ ] Bilingual Educators [ ]  Grade Level & Content Teachers

### [ ]  Administrators [ ]  Paraprofessionals [ ]  Counselors/Psychologists [ ]  Other: Other Audience

|  |  |
| --- | --- |
| Expected # of Participants: # participants | Grade levels: [ ]  PreK-2 [ ]  3-5 [ ]  6-8 [ ]  9-12 |

*Final numbers needed 2 weeks prior to the professional learning DATE Due: date*

**District Contact Person** Click here to enter a date.

**District Contact Person DATE**

**Mid-State RBE-RN Official Use Only -- Presenter Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilitator(s):** | Choose an item. | **Email:**  | Choose an item. |
| **Equipment needed:** | Add equipment | **Room set-up:** | Add room set up |
| **Special Requests:** | Add special requests | **Copies to be made by:** | Add copies info |
| **Evaluation Area/Focus:** | Add area focus | **Sign In Sheet:** | Sign in sheet |
| **CTLE 3025 Hours** | Add hours | **Need MLP** | Choose an item. |

**Mid-State RBE-RN collects evaluation and sign-in forms as required by our NYSED contract, and can provide your school contact with a copy of these documents after the Professional Learning.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Tanya Rosado-Barringer, Coordinator**