



# Kagan Coaching Certification Application

*All sections of this form must be completed in order to process your registration.*

How many days of Kagan Cooperative Learning training have you completed? \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title/Position \_\_\_\_\_

School Where You Will Train New Hires \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ School Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Have you received coaching in your classroom from a National Kagan Trainer? Yes  No

Do most of your colleagues at your school implement Kagan Cooperative Learning? Yes  No

**Please list all Kagan workshops you have attended.** (Include title of course, dates of attendance, and instructor.)

Course	Date	Instructor

## Required Application Elements

- School Improvement Plan pages with student engagement through Kagan Cooperative Learning highlighted.
- Documentation of Staff Training by a National Kagan Trainer.
- Letter of commitment from building administrator.
- Written description of your use of Everyone Answers! Structures. Please include content, grade level and student work samples if appropriate.
- One page sample lesson plan reflecting the use of Kagan Structures. Please include structures different from those described above.