



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.