



School Trainer Workshop Application

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

Have you completed the prerequisite: Cooperative Learning Days 1–5 within the last 3 years? Yes No

First Name _____ Last Name _____

Title/Position _____

School _____

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

Applications Accepted January–March 1

*Certification candidate must submit the following:

- School Improvement Plans.
- Documentation of Staff Training by a [National Kagan Trainer](#).
- Letter of commitment from building administrator. See application requirements.
- Written description of your use of 5 Kagan 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.
- Two video clips teaching a structure to students (10-15 minutes), and teaching a different structure to adults (10-15 minutes). The videos can be unlisted links from a service like YouTube or Vimeo. Make sure the videos are set to unlisted.
- One page video reflection with your permission for Kagan to use your videos for training purposes only. Reflection should include perceptions, insights and ideas for improvement if appropriate. Reflection should be about both video clips submitted.
- Upload all files in one .zip file. See [Kagan School Trainer Certification](#) webpage for live application link January 1–March 1.