



Kagan Model School Application

Kagan Professional Development
Attn: Kagan Model School Program
981 Calle Amanecer
San Clemente, CA 92673

Please complete this form and submit form and all relevant documents to:

Date of Application: _____

School Name: _____ **School Location:** _____

School Administrator: _____

Instructional Coaches: _____

Number of Staff Members: _____ *(Submit a staff roster.)*

Number of Staff who have completed a 5-Day CL Institute: _____ **Date(s):** _____

Number of Staff who have completed a 5-Day MI Institute: _____ **Date(s):** _____

Administrator Blueprint Training

Date Completed: _____ **Who Attended:** _____

Real-Time Coaching Training

Date Completed: _____ **Who Attended:** _____

SAM Clubs: *(Submit past years' agendas.)*

Real-Time Coaching: *(Submit past years' schedules for administrators, instructional coaches, and National Trainer.)*

Faculty Meetings: *(Submit at least 5 agendas.)*

Instructional Coach Modeling: *(Submit at least 5 agendas, lesson plans, or schedules.)*

New Teacher Plan: *(Submit a copy of a new teacher plan that includes training, coaching, mentoring, and follow-up support.)*

Structure Goals: *(Submit a list of year 1, 2, and 3 structures required of all staff.)*

Achievement Data: *(Submit achievement data that represents the year prior to implementation as well as the years of implementation.)*

Other: *(Submit any other information that would be helpful in assessing your readiness to be a Kagan Model School.)*