

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

Dr. Jacqueline Minor2111 Holly Ridge Court
Cedar Hill TX 75104

Date of Application:	Cedar Hill, TX 75104
School Name:	School Location:
School Administrator(s):	
Instructional Coaches:	
	(Submit a staff roster.)
Number of Staff who have completed	a 5-Day CL Institute: Date(s):
Number of Staff who have completed	a Level II Training: Date(s):
Instructional Leadership Training Date Completed:	_ Who Attended:
Cooperative Meetings Training Date Completed:	_ Who Attended:
Kagan Coaching Training Date Completed:	_ Who Attended:
SAM Clubs: (Submit past years' agendas.))
	er administrators, internal Kagan coaches, and National Trainer. Include a staff times each staff member was coached during a calendar.)
Faculty Meetings: (Submit at least 4 age	endas.)
	t data that represents the year prior to implementation of implementation.)
Structure Goals: (Submit a list of year 1,	, 2, and 3 structures required of all staff.)
	nt data that represents the year prior to implementation of implementation.)
Other: (Submit any other information tha	at would be helpful in assessing your readiness to be a Kagan Model School.)