Registration for SREB Leadership Curriculum Module Instructor Training

Monday, May 16 – Wednesday, May 18, 2005
Schultz Center for Teaching and Leadership

HOSTED BY:
Schultz Center for Teaching and Leadership
AND
Crown Consortium in Jacksonville, FL

REGISTRATION INSTRUCTIONS:

1. Register by **fax** (Complete this form and send to (904) 348-7732, Attn: Leadership Module Training) **or** register by **e-mail** (Complete this form electronically and send to **foxwells@educationcentral.org.**).
2. Make checks payable to Schultz Center and mail to:
   Schultz Center for Teaching and Leadership
   ATTN: Leadership Module Training
   4019 Boulevard Center Drive
   Jacksonville, FL 32207
3. One registration form MUST be completed for EACH attendee.
4. EACH registration form MUST have a check number or purchase order number. One check or purchase order may be used for more than one attendee.
5. EACH attendee MUST provide an e-mail address. Registration confirmations will be sent to each attendee by e-mail within five business days. Leave a message at (904) 348-7203 if confirmation is not received.
6. Attendance at all training sessions (Days 1, 2 and 3) is required for certification.

Name _____ Job Title _____

E-mail (required as registration confirmation will be sent electronically) _____

School/Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Send invoice to attention of:

Name _____

Billing Address: _____ City _____ State _____ Zip _____

Phone _____

The Schultz Center for Teaching and Leadership and the Crown Consortium are offering an instructor training workshop May 16-18, 2005. The workshop requires three days of training and costs $300 per attendee, which includes all materials, continental breakfast, lunch and breaks on all three days. Attendees are responsible for making their own hotel reservations and travel arrangements.

Over – Please see p.2.

Please print your last name _____

May 16 - 18, 2005 – Leadership Curriculum Module Instructor Training

The REGISTRATION deadline is Friday, May 6. Please do not make flight reservations before April 29, as sessions may be cancelled due to low enrollment. A block of rooms has been reserved at the **Jacksonville Hilton, Riverfront, 1201 Riverplace Boulevard, Jacksonville, FL 32207**. You may make a room reservation directly by calling **(904)398-8800**. Reservations for rooms in the Schultz Center block must be made prior to April 28 in order to receive the special nightly rate of $95.

Register for one module only.

Communicating Effectively	[ ] $300
Creating a High-Performance Learning Culture	[ ] $300
Creating a Personalized Learning Environment	[ ] $300
Literacy Leadership	[ ] $300
Leading Assessment and Instruction	[ ] $300
Meeting the Standards: Looking at Teacher Assignments and Student Work	[ ] $300
Prioritizing, Mapping and Monitoring the Curriculum	[ ] $300
Providing Focused and Sustained Professional Development	[ ] $300
Leading Change by Understanding Self and Others	[ ] $300
Using Data to Lead Change	[ ] $300

TOTAL Enclosed $_____

Check Number Enclosed _____ or Purchase Order PO# _____ PO Date _____ PO Amount _____

Hotel reservations must be made directly with the Jacksonville Hilton, Riverfront at (904)398-8800. The Schultz Center, the Crown Consortium and SREB will not be responsible for making or providing reimbursements for these accommodations.

You will be notified electronically of the status of your registration.

Please print your last name _____

SREB Leadership Training Module Workshop Application

1. **The module I am applying to teach is: _____**

2. **I judge my prior knowledge of this topic as (check one):**

   Awareness and interest only _____ Some knowledge and training _____
   Advanced knowledge and training _____

3. **If you have indicated prior training in this topic, please provide evidence of this training:**
   Type of training _____
   Place of training _____
   Dates of training _____

4. **How you intend to use this training (check all that apply):**

   Florida trainer____
   University course integration _____
   State-sponsored professional development _____
   District-sponsored professional development _____
   Regional service agency workshops _____
   For-profit independent training consultant _____
   Other (specify) _____

To ensure the quality and integrity of the SREB Leadership Training Module program, I understand it is essential that all participants agree to meet performance standards. By signing this application, I agree to:

- Complete all pre-work and homework before workshop sessions.
- Attend and actively participate in *all* sessions of *each day* of training.
- Complete all self-assessments.
- Work with other certified trainers to apprentice, if feasible.
- Submit required evaluation forms following my initial training delivery.
- Continue learning through independent study of required texts, professional journals and other resources.
- Provide accurate and timely feedback to SREB, as requested.

In addition, I agree that all SREB-developed materials, including Leadership Training Module print and electronic files, will be reserved solely for use in authorized training and leadership program design, and that no materials will be shared, copied or reproduced for other purposes without permission of SREB.

_____ _____
Signature **Date**

Please provide a letter of recommendation or the following contact information for one person who can attest to your competence as a trainer of adults.

Name _____ Daytime telephone _____

E-mail address _____

Accepted _____ Not accepted _____ Date _____