

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Director, please indicate: ___Primary Applicant -OR- ___Alternate Applicant -OR- ___SLP

This is my: ___First time for applying -OR- ___Second or Third time for applying

**Summer Institute 2012: An Introduction to Structured Teaching
June 11-15, 2012
Participant Application**

Name: _____ **Work Email:** _____

Home Email: _____ **Phone:** _____

Alternate Phone: _____

Home Mailing Address (street, town, zip): _____

School Address (street, town, zip): _____

Employer: _____ **Job Title:** _____

Years employed in current position: _____ **Total years in field:** _____

Grade level(s) currently working with: _____

License status (check one): ___Provisional ___Full Licensure ___Clinical Competency Certification

Role (check all that apply): ___Classroom Teacher ___Autism Consultant ___Related Service Provider

Previous trainings in ASD: ___Yes ___No **If yes, specify:**

Please write a brief paragraph explaining **what** you expect to get out of it and **how** you will apply it in your current situation (use the back of this sheet, if necessary):

NO APPLICATIONS WILL BE ACCEPTED AFTER FEBRUARY 24, 2012

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Are you comfortable with webinars for follow-up trainings? Yes No

I will attend all 3 mandatory follow-up webinars and understand that I will be provided with the dates prior to the school year. Yes No

Are you willing to have fidelity checks (visitors to classroom) after the initial training? Yes No

I agree to attend all required sessions each of the 5 days of training, including lunch sessions. Yes No

I agree to complete online modules and webinars to be specified once applicants are accepted. (this online content could take up to 5 hours to go through; deadlines will be set for each module to be completed), email electronic photos of my current classroom, email an electronic copy of my 2012-2013 school calendar and email my building level administrator's name and email address and my director's name and email address to the specified KISN staff member. Yes No
(Related Service Providers do NOT need to submit photos of current classroom)

I agree to submit my overall classroom schedule, picture(s) of my classroom after setting up physical structure, schedule and work system assessments and pictures of structured tasks created for students throughout the 2012-2013 school year at designated times. Yes No

I understand that ONE questionnaire completed by a PARENT of a current student is required to be attached to this application. Yes No

It is a possibility that your personal photo will be used for promotional purposes at the local, state or national levels. Please sign below, indicating your willingness to allow this:

I give consent for my photo to be used for promotional purposes. _____
Signature

It is REQUIRED that ONE questionnaire completed by a PARENT of a former or current student is attached to this application when submitted.

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Special Education Administrator Application (to be filled in prior to application being given to applicant)

Name: _____

Position: _____

Email: _____

KASEA Region: _____

I have had other staff members attend prior Summer Institutes through KISN. ___Yes ___No

I agree to the following:

I will allow time for team members to collaborate/consult with one another.

I will allow release time for team members to attend follow-up trainings throughout the 2012-2013 school year (three 45-minute webinars).

I will work with KISN to accommodate educators from within my region to observe the programs developed by the institute participants.

I will provide the materials necessary for participants to add physical structure to their classrooms.

I will allow direct/ongoing communication (3 onsite visits) between training staff and district team members.

I understand that I am allowed to send in three applications (2 participants and 1 alternate) and have indicated that on the first page of this application before giving to the applicants.

I understand that applications will not be accepted after February 24, 2012.

Signature, indicating agreement/understanding

Date

Return completed applications to: Jennifer Houser; KISN; Mail Stop 3055; 3901 Rainbow Blvd.; Kansas City KS 66160 or Attn: Jennifer Houser to 913.588.5942 (fax) NO LATER THAN FEBRUARY 24, 2011.

YOU WILL BE NOTIFIED IF YOU HAVE BEEN SELECTED TO ATTEND IN EARLY MARCH.

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Parent Questionnaire

Hello,

The professional that provided you with this survey has applied to the Kansas Instructional Support Network's Summer Institute. He/she is required to have this survey completed by the parent/guardian of a child in his/her classroom. Please use the scale below to indicate the extent to which you agree with the following statements.

1. The information I contribute at meetings is valued by the teacher/professional.

Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
4	3	2	1	D/K

2. I am happy with the frequency of communication regarding my child's progress.

Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
4	3	2	1	D/K

3. This professional puts children first.

Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
4	3	2	1	D/K

4. This professional works well with the team.

Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
4	3	2	1	D/K

5. This professional's efforts will positively impact my child's future.

Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
4	3	2	1	D/K