

Please submit electronically to [Loretta.rodgers@wkec.org](mailto:Loretta.rodgers@wkec.org) or mail/fax completed request form along with supporting documentation to: WKEC, Special Education, 201 General Services Building, Murray State University, Murray, KY 42071  
FAX: 270-809-2485



## Professional Learning Request

### West Kentucky Educational Cooperative

**School/District/Classroom Request:** Professional learning for building capacity of school and district personnel to improve overall student achievement

**District/School Name:** \_\_\_\_\_ **Teacher Name (if applicable for request):** \_\_\_\_\_

**Areas of Request (Check all that apply):**

- Mathematics
- Literacy
- Behavior Strategies
- Enhancing instructional practices/strategies
- Classroom Management
- Low Incidence/Alternate Assessment/ASD
- Classroom AT/Communication Strategies
- Other: \_\_\_\_\_

**Explain the reason for your request:**

**Data submitted and used to support rationale for request:**

- MAP     KPREP     STAR     DIBELS     Alternate KPREP     Behavioral Data
- PBIS     DRA     Other (Specify): \_\_\_\_\_

**Number of students with IEPs who would be impacted by services provided:** \_\_\_\_\_

Please complete back of form.

**Requested Format for Service Delivery:**

- Classroom observations to determine teacher needs
- After school professional learning session for teachers
- Leading a professional learning community for teachers during the school day
- Professional learning session on a scheduled district/school day
- Classroom coaching with an individual teacher or multiple teachers
- Data collection of instructional practices in identified classrooms
- Other (Please specify): \_\_\_\_\_

**Who will serve as the internal coach for this request?** (The coach should be someone whose role is specifically related to the area(s) of request. Internal coaches may include (but are not limited to): *teacher leader, consultant, instructional supervisor, department chair, administrator, speech language pathologist, guidance counselor.*)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please check the following:**

- We have identified the internal coach who will support the WKEC Professional Learning Coach during scheduled visits and provide support to teachers in between visits.
- We understand that the internal coach's role is to ensure capacity continues to grow at the classroom, building, or district level.
- We agree that the identified internal coach will be provided release time as needed to fulfill this role.

**DOSE Signature:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_