***Directions for Submission:***

1. *Applications must be received by Friday, Friday, May 19, 2023. Applications received after that date may not be considered. Applicants will be notified of their acceptance by June 16, 2023.*
2. *Upon completion, email the application with required signatures to Kim Hash at* *kim.balcerek-hash@dpi.nc.gov*

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| **Name:** |
| **Current Position:** |
| **Name of PSU/Charter:** |
| **Work Address:** |
| **City:** | **State:** | **Zip:** |
| **Work email:** | **Phone No:** |

1. NCDPI NC State Improvement Project Regional Consultant:

[ ] Northeast and Southeast Regions—Anna Jarrett

[ ] North Central and Sandhills Regions--

[ ] Piedmont-Triad and Southwest Regions—Christopher Miller

[ ] Northwest and Western Regions—Paige Bode

2. Foundations of Math Instruction (complete A **or** B below):

1. [ ]  I am a currently certified Foundations of Math (FOM) Instructor (**complete both below**):

[ ]  Date of initial or re-certification:

[ ]  Number of years providing FOM:

1. [ ]  I am currently working on FOM certification and have completed the following (**check all that apply**):

[ ]  Passed the FOM Level 2 Instructor Assessment without coaching requirement

[ ]  Attended TOI session for Day 1

[ ]  Completed two DPI observations

[ ]  Completed video-taped self-observation and reflection questions

**\*NOTE:** *FOM instructor candidates may not provide SLD in math PD until all FOM instructor requirements have been met and approval is provided by the NC DPI Office of Exceptional Children. Attendance at the SLD in Math Capacity Building Institute is not a guarantee that you will be certified to provide this professional development.*

3. Have you attended the professional development *Understanding Specific Learning Disabilities in Math* as a participant?

[ ]  Yes

[ ]  No

**\*FOR EACH OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE A THOROUGH RESPONSE THAT DETAILS AND SUPPORTS YOUR EXPERIENCES OR THOUGHTS.**

1. Describe your experience providing professional development to *adult learners* (include details such as topics you have offered, to what audience and any out-of-district and/or state and national level professional development you have provided).

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2. Describe any district level experience you have through your current position or one you may have held, or experienced, previously (include responsibilities, communication with others, etc.)

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3. Describe your experience providing professional development and/or training virtually (include virtual platforms used, length of sessions, and tools/features used to engage audience)

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4. Describe your reasons for attending this professional development course how you believe it will enhance your professional knowledge, coaching ability, and outcomes for students. Include how this professional development will be utilized to support the implementation of a system of intervention within a multi-tiered system of support.

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5. In addition to your Foundations of Math Instructor Certification, please list other specialized training you have attended and/or are certified to provide specific to the area of mathematics, learning disabilities and/or dyscalculia:

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**Please check each box acknowledging having read and then sign and date below:**

[ ]  I understand attendance is REQUIRED for both days of Understanding SLD in Mathematics in-person sessions on July 26 & 27, 2023 a two-hour virtual session on the morning of July 31st, and the three follow-up virtual sessions.

[ ]  I understand I must be a current Foundations of Math instructor OR have met minimum requirements for the certification process including successfully passing the Level 2 FoM instructor assessment without coaching requirement. Attendance at the Training of Instructors is not a guarantee that the potential delegate will be approved by the NC DPI Office of Exceptional Children to provide Understanding SLD in Math. Training materials will not be released until all requirements have been met and the delegate has been approved by NC DPI.

[ ]  I understand the PSU is required to ensure at a minimum, one *Understanding SLD in Math* professional development course, is provided within the PSU and/or region each year and advertised on the NC SIP event calendar.

[ ]  I understand there will be assignments/readings to be completed prior to attending the Understanding SLD in Math Capacity Building Institute. Selected trainers *must* complete all course requirements, including reading, homework, and assessments prior to receiving certification as a trainer in the state-approved training on SLD in math.

[ ]  I understand this training is only to be provided to PSUs within North Carolina by trainers who have completed the course, including all course requirements, and are designated as an Understanding SLD in Math Delegate. All other uses are prohibited without written permission from the NC DPI Office of Exceptional Children.

I, the undersigned, agree to abide by the above requirements on submission of this application.

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| Participant’s Signature:  |
| Date:  |

***To be signed by the applicant’s direct supervisor and Exceptional Children Director***:

I, the undersigned, have reviewed the application of the applicant, including the trainer requirements above and agree to the following:

[ ]  I support the applicant’s application.

[ ]  I agree that the applicant will be available to attend both days of the SLD in Math in-person Capacity Building Trainer Institute, a two-hour virtual training session, and the three follow-up virtual webinar sessions.

[ ]  I agree to allocate time in the professional development schedule and provide a minimum of one PSU-based *Understanding Specific Learning Disabilities in Math* professional development during each year, beginning the 2023-24 school year.

[ ]  I further understand that if the professional development is offered in the PSU, spaces will be made available to public school educators from outside the PSU by advertising the offering on the NC SIP event calendar.

**Exceptional Children Director:**

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| **Name:**  |
| **Email:**  | **Phone:**  |
| **Signature:**  |

**Direct supervisor (if different than Exceptional Children Director):**

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| **Name:**  |
| **Position:**  |
| **Email:**  | **Phone:**  |
| **Signature:** |

For further information, please contact Kim Hash at kim.balcerek-hash@dpi.nc.gov