***Directions for Submission: Upon completion, email the application with required signatures to Kim Hash at*** [***kim.balcerek-hash@dpi.nc.gov***](mailto:kim.balcerek-hash@dpi.nc.gov)

*Applications must be received by Friday, November 19, 2021. Applications received after that date may not be considered. Applicants will be notified of their acceptance by December 3, 2021.*

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

Foundations of Math Instruction (check all that apply):

I am a currently certified Foundations of Math (FoM) Instructor.

Date of re-certification:

Number of years providing Foundations of Math/FoM

**OR**:

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 sessions for Day 1

Completed two DPI observations

Completed video-taped self-observation and reflection questions

**NOTE: FoM instructor candidates may not provide dyscalculia PD until all FoM instructor requirements have been met and approval is provided by the NC DPI Exceptional Children Division. Attendance at the Understanding SLD in Math Institute is not a guarantee that you will be certified to provide this professional development.**

NCDPI NC State Improvement Project Regional Consultant:

Northeast and Southeast Regions-- Melissa Towery

North Central and Sandhills Regions-- Carol Moffitt

Piedmont-Triad and Southwest Regions-- Teri Queen

Northwest and Western Regions-- Teri Queen

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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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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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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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 read and sign below:**

I understand attendance is REQUIRED for both days of Understanding SLD in Mathematics virtual session on January 11th & 14th, 2022, and the four 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 Exceptional Children Division 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 Training of Instructors. 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 dyscalculia.

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 Exceptional Children Division.

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 Training of Instructors virtual session and the four virtual follow-up 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 July 1, 2022.

I further understand that if the professional development is offered in the PSU, that 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):**

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

For further information, please contact Kim Hash at [kim.balcerek-hash@dpi.nc.gov](mailto:kim.balcerek-hash@dpi.nc.gov)