

T³: TEACHERS TEACHING TEACHERS

Request for Instructional Coach

To request the services of an Instructional Coach, please complete form below and fax to New Teacher Support and Development Department **972-794-3535**. For more information or questions call 972-925-6752.

PLEASE PRINT CLEARLY

Name of Teacher _____ ID # _____

Date _____ Grade Level/Subject _____ Years of Experience _____

Planning Period _____ Lunch Time _____

Campus _____ Campus Telephone # _____ Area _____

Teacher's Appraiser _____

Is the teacher currently on an Intervention / Growth Plan? Y / N

Area(s) of concern:

- | | |
|--|---|
| <input type="checkbox"/> Learner-Centered Instruction | <input type="checkbox"/> Classroom Environment |
| <input type="checkbox"/> Student Participation in Learning Process | <input type="checkbox"/> Management of Instructional Strategies, Time and Materials |
| <input type="checkbox"/> Instruction and Communication | <input type="checkbox"/> Professional Development and Communication |
| <input type="checkbox"/> Management of Student Discipline | |
| <input type="checkbox"/> Evaluation and Feedback on Student Progress | |

Support Previously Provided (check all that apply)

- | | |
|--|--|
| _____ On-site mentor support | _____ Administrator observation |
| _____ Peer support | _____ Grade level/department chair support |
| _____ Observation of teacher on campus | _____ Observation of teacher off campus |
| _____ Attendance at workshops | _____ Content specialist support |
| _____ Other (please describe): _____ | |

Teacher Category:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> 1 st yr. Certified | <input type="checkbox"/> Certified w/exp. | <input type="checkbox"/> Univ. EP |
| <input type="checkbox"/> DISD AC Intern | <input type="checkbox"/> AC Intern (out of district) | |

Signatures (required):

Administrator

Teacher

Mentor

FOR OFFICE USE ONLY

Instructional Coach Assigned _____

Beginning Date _____