



Enacting Effective RtI for Primary Grades Mathematics

APPLICATION—Due September 13 to Alice Gabbard, gabbardal@nku.edu or fax 859.572.7677

All Kentucky public schools with at least one of the grades K-3 are eligible to apply.

Name of school:

Name of school district:

County, if different than school name:

School address:

School fax number:

School phone number:

Course Participants

(must include the school or district RtI coordinator, a special education teacher, and a primary grades classroom teacher and may include other teachers)

Email name of the school's participating RtI coordinator:

Email name of the school's participating special education teacher:

Email name of the school's participating primary grades classroom teacher:

Email name(s) of additional teacher(s) and role(s):

Please include an agreement (see next page) signed by all participants.

Please also include a letter on school letter head (written by a participant or school administrator):

- Describing the school's current mathematics RtI program (i.e. assessment instruments, number of Students in each tier, intervention program/strategies, etc.)
- Explaining the school's challenges/problems with mathematics RtI
- Listing school-level student demographic and achievement data from all students in the school

Final selection of teams will be announced (via email) by 7 p.m. September 20, 2011.



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Participant Agreement:

- I agree to fully attend and participate in all six days of this course and will report any emergency absences to Alice Gabbard.
- I have or can borrow a video camera for recording my work with students.
- I agree to administer at least five video-taped diagnostic assessment interviews and at least five video-taped intervention lessons. Further, I agree to share video clips with other members of the group for purposes of collegial problem-solving.
- I agree to participate in the weekly online meetings in order to share my successes, strategies, and challenges with students.
- I have or can obtain a set of headphones with microphone that can be used during online meetings.
- I agree to complete the teacher assessments and surveys (using a confidential identification number) measuring pedagogical content knowledge, beliefs and attitudes, practice, impressions.
- I agree to submit school-level student data for all students in the school.
- I agree to administer specific diagnostic assessments and submit the results to the KCM.
- Please sign and date if you will comply with all statements above.

Participant 1 _____ Date _____

Participant 2 _____ Date _____

Participant 3 _____ Date _____

Principal Support

- I agree to provide support for each of the above named participants to fully participate in this program, as defined by the bullets above.

Principal Signature _____ Date _____