**STEP Application Form**

*I would like to voluntarily participate in the STEP Program. By signing below, I understand and agree to the following:*

* *My participation is voluntary*
* *I may end my participation at any time*
* *My participation and consequent meetings with my STEP Consulting Teacher will remain confidential*
* *My participation is not evaluative nor will it be part of my personnel file*
* *I will be professional and collaborative with my STEP Consulting Teacher*
* *I will keep my time commitments and professional commitments as agreed upon with my STEP Consulting Teacher*

*Teacher Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_*

*School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching Assignment(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Teacher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I would like to request support in the area(s) of:*

*(Mark all that apply)*

|  |  |  |
| --- | --- | --- |
| * *ꗃ Classroom Management*
 |  *ꗃ Curriculum & Instruction* |  *ꗃ Student Engagement* |
|  *ꗃ Lesson Planning & Design* |  *ꗃ Creating Positive Classroom Environment* |  *ꗃ ELL’s* |
|  *ꗃ GATE* |  *ꗃ Math* |  *ꗃ English Language Arts* |
|  *ꗃ Science* |  *ꗃ Special Education* |  |
| *ꗃ Other (Please Specify):* |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to: PSTA ℅ Herb Claggett, PSTA President**