

## Request for Consulting Educator

The administrator of \_\_\_\_\_ and \_\_\_\_\_  
(School) (Educator)

request participation in the Jordan School District Consulting Educator/Coaching Program.

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
School Phone #

\_\_\_\_\_  
Subject/Grade/Track

I give my permission for the release of the UETS-based JPAS Evaluation Feedback Report and other evaluation related information to the Jordan School District Consulting Educator/Coaching Program. I understand this information is to be held in confidence and not released without my expressed written consent. I understand that participation in this program is voluntary and can be terminated at any time by either party. The Consulting Educator/Coach assigned to me has permission to talk with my administrator about the reasons for this request.

\_\_\_\_\_  
Educator's Signature

\_\_\_\_\_  
Date

I decline the opportunity to work with a consulting educator at this time.

\_\_\_\_\_/\_\_\_\_\_  
Educator Signature / Date

I am requesting **educational consulting** in the following area(s) based on a JPAS score of minimally effective or not effective:

\_\_\_\_\_ Domain I: Managing the Classroom

\_\_\_\_\_ Domain IV: Planning

\_\_\_\_\_ Domain II: Delivering Instruction

\_\_\_\_\_ Domain V: Professional Growth

\_\_\_\_\_ Domain III: Interacting with Students

Comments:

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

**Send the completed form to the Jordan Evaluation Systems Office – Jordan School District Office**

**Mark: CONFIDENTIAL**

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*For Office Use Only:*

Date Received: \_\_\_\_\_ Consulting Educator/Coach Assigned: \_\_\_\_\_