

JORDAN
SCHOOL DISTRICT
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/coach 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 II: Delivering Instruction

_____ 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

For Office Use Only:

Date Received: _____ Consulting Educator/Coach Assigned: _____