

The administrator of		and			
request participation in the Jordar	(School) n School District C	Consulting Educate	or/Coachin	(Educator) g Program.	
E-mail Address	School Phone #		Subje	Subject/Grade/Track	
I give my permission for the release evaluation related information to understand this information is to be I understand that participation in The Consulting Educator/Coach a reasons for this request.	the Jordan Schoo be held in confide this program is vo	I District Consultin nce and not releas lluntary and can be	ng Educato sed withou e terminato	or/Coaching Progret t my expressed we ed at any time by	ram. I ritten consent. either party.
Educator's Signature				Date	
I decline the opportunity to work	with a consulting e	educator/coach at	this time.	Educator Signati	/_ ure / Date
I am requesting educational con	sulting in the folk	owing area(s) base	ed on a JF	AS score of not e	effective:
Domain I: Managing the C Domain II: Delivering Inst Domain III: Interacting wit	ruction	Educator has com If no, when will the	•	• •	
Comments:					
Administrator's Signate		n Systems Office	_ lordan (Date	ffico
Send the completed form to the Mark: CONFIDENTIAL			– Jordan 3		<u>-</u>
For Office Use Only:					
Date Received:	Consulting Educator Assigned:				