

**Oakland Schools Communication Enhancement Project
Initial Application/Agreement
2010-2011**

District _____ **School/Program** _____

Special Education Director	Name	Secretary Name
	Work Phone	Work Phone
	Work Email	Work Email

Program Administrator	Name (if applicable)	Secretary Name
	Work Phone	Work phone
	Work Email	Work Email

Team	Name	Position	Name	Position
	Work Phone		Work Phone	
	Home Phone		Home Phone	
	Work Email		Work Email	
	Home Email		Home Email	

Team	Name	Position	Name	Position
	Work Phone		Work Phone	
	Home Phone		Home Phone	
	Work Email		Work Email	
	Home Email		Home Email	

Team	Name	Position	Name	Position
	Work Phone		Work Phone	
	Home Phone		Home Phone	
	Work Email		Work Email	
	Home Email		Home Email	

Training

We agree to participate in the following trainings:

<u>Date</u>	<u>Time</u>	<u>Location</u>
October 7, 2010	8:30 AM – 3:30 PM	Oakland Schools
October 8, 2010	8:30 AM – 3:30 PM	Oakland Schools
December 3, 2010	8:30 AM – 3:30 PM	Oakland Schools
February 10, 2011	8:30 AM – 3:30 PM	Oakland Schools
May 12, 2011	8:30 AM – 3:30 PM	Oakland Schools

Dates subject to change

Data Collection and Videotaping

We agree to data collection activities as outlined below and further defined in the training:

- Pre- and post-program team questionnaires
- Videotaping of applied skills to share with trainer
- Implementation Data
- Anecdotal information

Teams

- Participation as a team is required.
- Team ideally includes a classroom teacher(s) and a speech and language pathologist with up to six total members. Additional members may include: occupational therapist, physical therapist, paraprofessional, etc.
- Team agrees to attend all training dates and to participate in site visits
- Team agrees to videotape classroom communication interactions for training purposes
- Team members agree to collect and report data
- Team members have access to email and internet

Administrative/District Support

- Special Education Administrator has an on-going understanding and commitment to the *Communication Enhancement Project*
- Administrator provides support and time for all training and follow-up activities

Agreement Signatures

Team

Name	Position	Date
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Name	Position	Date
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Name	Position	Date
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Name	Position	Date
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Name	Position	Date
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Name	Position	Date
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Administrator Signatures

The persons below indicate their understanding of this program and their agreement to provide support in the form of releasing teachers for training and cooperative meeting time for reflection and planning.

Program /Building Administrator (if applicable)	Date
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Special Education Director	Date
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Please return completed *original* form no later than May 19, 2010 to:

Dawn Jones
Oakland Schools
Summit Campus
2214 Mall Drive East
Waterford, MI 48328