

TO: Dr. Andrew H. Griffin, Assistant Superintendent
Office of Superintendent of Public Instruction
PO Box 47200
Olympia, WA 98502-7200

Re: Reimbursement for Training Received at the New Possibilities Teachers Institute

Name _____

Street _____

City _____, WA Zip Code _____

Social Security Number: _____

Statement By Participant:

I am a certified teacher from _____ School during the 2000-2001 school year, and have received instruction from Carkhuff Thinking Systems, Inc., on the New 3Rs Skillkit and Learners Scoreboard designed to incorporate more effective learning behaviors. After the completion of this training, I will be expected to be able to perform the following:

1. Assess self and others on Possibilities Learners/School indicators.
2. Apply skills immediately in the classroom as witnessed by _____ by March 12, 2001.
3. Train other educators and/or parents on Possibilities Learners indicators.
4. Provide an assessment to OSPI by March 12, 2001, 30 days from the end of training, and submit suggestions/recommendations on how to increase the effectiveness of the training to, (a): provide feedback on the training process, and, (b): provide feedback on the contents (books and material).

I understand that I will be compensated at a rate of \$350.00 (Three hundred and fifty dollars) by the Office of Superintendent of Public Instruction upon the completion of required training commencing on February 7, 2001 and ending on February 10, 2001. I further understand that my compensation will be issued to me after I have completed the assessments reflected in (4 a and b), and the required assessment is received by Dr. Andrew Griffin, Office of Superintendent of Public Instruction (OSPI) by March 12, 2001.

Certificated Teacher's Signature

Date

Statement by New 3Rs Skillkit and Teachers Scoreboard Training:

I do hereby attest to the fact that the person named above completed the training on the New 3Rs Skillkit and Teachers Scoreboard given by me on February 7-10, 2001 at the WestCoast SeaTac Hotel, SeaTac, WA.

(Trainer's Signature)

Date

I do hereby attest to the fact that the person named above completed the assessment reflected in (4a and b).

Approved: _____
(Approving Official as applicable)

Date: _____

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Re: Reimbursement for Training Received at the New Possibilities Teachers Institute

Name _____

Street _____

City _____, WA Zip Code _____

Social Security Number: _____

Statement By Participant:

I am a classified employee from _____ School during the 2000-2001 school year, and have received instruction from Carkhuff Thinking Systems, Inc., on the New 3Rs Skillkit and Teachers Scoreboard designed to incorporate more effective teaching behaviors. After the completion of this training, I will be expected to be able to perform the following:

1. Assess self and others on Possibilities Teachers/Schools indicators.
2. Assist other educators and /or parents in applying learned skills.
3. Train other educators and/or parents on Possibilities Teachers indicators.
4. Provide an assessment to OSPI by March 12, 2001, 30 days at the end of training, and submit suggestions/recommendations on how to increase the effectiveness of the training to, (a): evaluate the training process, (b): evaluate the contents (books and material) and, (c): evaluate their ability to transfer the skills to the learner, educator and community

I understand that I will be compensated at a rate of \$250.00 (Two hundred and fifty dollars) by the Office of Superintendent of Public Instruction upon the completion of required training commencing on February 9, 2001 and ending on February 10, 2001, and the submittal of required assessment within allotted time period.

Classified Employee's Signature

Statement by New 3Rs Skillkit and Teachers Scoreboard Trainer:

I do hereby attest to the fact that the person named above attended training on the New 3Rs Skillkit and Teachers Scoreboard given by me on February 9-10, 2001 at the WestCoast SeaTac Hotel, SeaTac, WA.

(Trainer's Signature) _____
Date

Approved: _____
(Approving Official as applicable)

Date: _____

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Re: Reimbursement for Training Received at the New Possibilities Teachers Institute

Name _____

Street _____

City _____, WA Zip Code _____

Social Security Number: _____

Statement By Participant:

I am a parent/community member that will work with _____ School during the 2000-2001 school year, to assist the school in their plan to improve student learning. I have received instruction from Carkhuff Thinking Systems, Inc., on the New 3Rs Skillkit and Teachers Scoreboard designed to incorporate more effective teaching behaviors. After the completion of this training, I will be expected to be able to perform the following:

1. Assess self and others on Possibilities Teachers indicators.
2. Apply the skills immediately and assist other educators, family and community members in applying learned skills.
3. Train other educators, parents and community members on Possibilities Teachers indicators.
4. Provide an assessment to OSPI within 45 days of the end of training, and submit suggestions/recommendations on how to increase the effectiveness of the training, to evaluate the training process, contents (books and material) and their ability to transfer the skills to the learner, educator and community.

I understand that I will be compensated at a rate of \$250.00 (Two hundred and fifty dollars) by the Office of Superintendent of Public Instruction upon the completion of required training commencing on February 9, 2001 and ending on February 10, 2001, and the submittal of required assessment within allotted time period.

Parent/Community Member's Signature

Statement by New 3Rs Skillkit and Teachers Scoreboard Trainer:

I do hereby attest to the fact that the person named above attended training on the New 3Rs Skillkit and Teachers Scoreboard given by me on February 9-10, 2001 at the WestCoast SeaTac Hotel, SeaTac, WA.

(Trainer's Signature)

(Date)

Approved: _____
(Approving Official as applicable)

Date: _____