Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Your School’s Classification: Elementary Secondary Both

Please **initial** by each statement below, thereby agreeing that you will make the following commitments to this professional learning group:

\_\_\_\_\_\_\_ I will attend the hour of each scheduled session. (7 out of 8 throughout the year)

\_\_\_\_\_\_\_ I will be on time for each session.

\_\_\_\_\_\_\_ I will implement the strategies with students/teachers between PLG sessions.

\_\_\_\_\_\_\_ I will keep records of my implementation of strategies I’ve learned.

\_\_\_\_\_\_\_ I will informally assess the success of the strategies I use with my students/teachers.

\_\_\_\_\_\_\_ I will collaborate with and support others in the group.

I agree to allow this library/media specialist to participate in this professional learning group on condition that he or she is expected to attend each session. I understand that this library/media specialist may only miss one session (under extenuating circumstances) in order to continue in the group throughout the year and in future years. **I understand that it is the responsibility of the school/school system to fund a substitute if one is necessary.**

Principal’s Signature Date

Applicant’s Signature Date