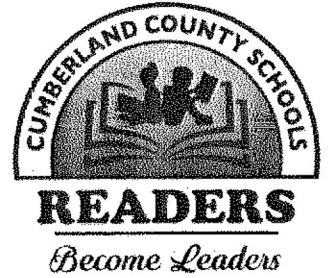


# College, Career and Technical Education Cumberland County Schools



Please fill out the top portion and return to your principal for review.

Name \_\_\_\_\_ School \_\_\_\_\_

Grade Level \_\_\_\_\_ Room # \_\_\_\_\_ Best Time to Meet \_\_\_\_\_

**Collaboration Request (check all that apply)**

- \_\_\_\_\_ Academic Feedback/Questioning Strategies
- \_\_\_\_\_ Assessment Strategies/Data Review
- \_\_\_\_\_ Curriculum Resources
- \_\_\_\_\_ Differentiated Learning and Resources
- \_\_\_\_\_ Classroom Management (time, student, motivation, etc.)
- \_\_\_\_\_ Presenting Instructional Strategies
- \_\_\_\_\_ Planning (Standards and Objectives)
- \_\_\_\_\_ Technology Integration
- \_\_\_\_\_ Thinking/Problem Solving/Grouping
- \_\_\_\_\_ Industry Certification
- \_\_\_\_\_ CTSO (Clubs)
- \_\_\_\_\_ Work-Based Learning
- \_\_\_\_\_ Other

Please Provide any additional information that would allow me to provide the collaboration that you requested.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

.....  
 Principal- Please sign and return to Chris King, CCTE Director

\_\_\_\_\_  
 Date \_\_\_\_\_ Principal Signature \_\_\_\_\_

.....  
 CCTE Director

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
 CCTE Director Signature

.....  
 Instructional Coach

Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date Completed \_\_\_\_\_ Instructional Coach \_\_\_\_\_ Collaborating Educator \_\_\_\_\_