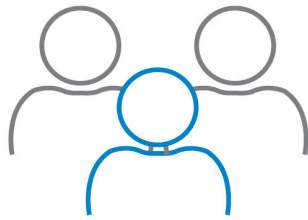


The University of Kansas Center for Research on Learning presents

# Instructional Coaching Institute



## Instructional Coaching Level 2

October 7-9, 2010

Lawrence, KS

This institute will offer an opportunity for educators to learn the basics of instructional coaching. The methods that coaches can use to enable instructional improvements will be emphasized. This institute is provided for professional developers and other education professionals who want to accelerate professional learning in schools. Participants do not need knowledge of the Strategic Instruction Model, and specific SIM interventions will not be addressed in this institute. The workshop will address how to coach, not what. . **This institute fills up very quickly and often sells out. Do not make non-refundable travel arrangements until your place is confirmed.**

**Cost:** \$450 (U.S.) Covers instruction and materials (does not include meals, transportation, or housing). Add \$25 late fee for registrations postmarked after September 7, 2010. **Refund Policy:** You must notify KUCRL in writing by September 23, 2010 to receive a refund of your registration fee minus a \$25 cancellation fee. We will be unable to issue any refunds for cancellations received after September 23. We are happy to transfer the registration fee to another session with no penalty.

### Registration Form

Name: \_\_\_\_\_

Position: \_\_\_\_\_ SIM Professional Developer? yes \_\_\_\_\_ no \_\_\_\_\_

School/District/Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_ (work phone) ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_ (home phone) ( \_\_\_\_\_ ) \_\_\_\_\_

WE EMAIL all conference information, please provide an email address you check regularly and please print clearly:

Fax: \_\_\_\_\_

Enclosed is my check for \_\_\_\_\_ \$450 or \_\_\_\_\_ \$475 to ensure my place in the institute  
OR PO# \_\_\_\_\_

I wish to use my credit card (VISA or Mastercard)

# \_\_\_\_\_ Date of Exp. \_\_\_\_\_ Authorization \_\_\_\_\_

\_\_\_\_\_ Personal Card OR \_\_\_\_\_ Business Card (Name on the Card \_\_\_\_\_)

Make checks payable to:

KU-Center for Research on Learning

Mail to: SIM Institutes

KU-CRL

1122 West Campus Rd. Rm. 517

Lawrence, KS 66045-3101

Fax: (785) 864-5728 Email: peonya@ku.edu

Space is limited, we encourage you to register early.