



**SIOP Team Training Academy  
For the NC Guide to the SIOP Model  
July 27-29, 2009  
8:30 a.m. – 4:00 p.m.**

You are invited to participate in the SIOP Team Training Academy for the NC Guide to the SIOP Model which will be provided in 3 full-day sessions with e-coaching follow-up. This professional development opportunity will explore best practices for working with limited English proficient (LEP) students through the Sheltered Instruction Observation Protocol (SIOP). The SIOP model enables content/mainstream teachers to make content understandable to LEP students, while promoting English language development.

**The Mission of the Team Training Academy is to:**

- Provide research-based LEP professional development to teams of content teachers and administrators
- Equip teams with necessary tools to successfully teach and continually challenge their LEP students
- Assist teams in enhancing communication and collaboration with their ESL staff
- Support teams as they provide training to their school and districts, resulting in the increased academic achievement of LEP students across North Carolina

**Instructional Teams** representing grades **K-12** are invited to apply. **Each instructional team MUST include:**

- Three K-12<sup>th</sup> grade content/mainstream teachers
  - One ESL staff person – teacher, LEP Coordinator, or ESL lead teacher
  - One school/instructional leader – principal, assistant principal, district coach, or curriculum specialist
- One of the above team members should be designated as team leader.

**Registration Fee: \$90 per participant – Registration Deadline: July 6, 2009**

This includes materials, lunch, and snacks. There will be **no refund of registration fees**; however, you may send a substitute participant if one of your team members is unable to attend after they register. Each participant will be reimbursed **per state guidelines** for mileage, lodging, meals, and a substitute, if needed. A form will be given to the participants at the training to request this reimbursement.

**How to Register**

Complete the registration form, have it signed and return it by July 6, 2009, by fax (828.665.7710).  
***Please make checks payable to WRESA and mail to P.O. Box 1709, Enka, NC 28728.***

**Expectations**

The expectations of the teams are to:

- Implement the SIOP model and submit a SIOP Implementation Plan subsequent to training.
- Determine, based on district and school data and available resources, the most appropriate instructional models that will enhance the implementation of the SIOP model.
- Build capacity within the district by promoting the SIOP model training
- Provide at least one district/school-wide professional development activity with information gleaned from the SIOP Team Training Academy.

## **WRESA SIOP Team Training Academy Guidance for Completing Application 2009**

The LEP Coordinator must ensure that all team members are familiar with the purposes and goals of the SIOP Team Training Academy and will commit to full and active participation.

In identifying the team members, the LEA should consider:

- Representation across content areas
- Representation across grade levels
- Selection of an instructional team leader

The most successful teams will have members that share these qualities:

- A strong sense of motivation and initiative to try new strategies
- A desire to learn new strategies to teach their content
- A willingness to collaborate
- A readiness to build capacity by sharing knowledge with other teachers/administrators
- A sense of responsibility for completing tasks and achieving rigorous professional expectations

The following suggestions may help in preparing your team to complete the application:

- Involve all team members
- Research the SIOP model. Information on the SIOP model can be found at these websites:
  - <http://www.cal.org/siop/>
  - <http://www.siopinstitute.net/research.shtml>
- Review the goals and objectives of your Title III/LEA/School Improvement Plan and each team member's professional goals and objectives
- Consider the SIOP Implementation Plan that will reflect your commitment to implement SIOP subsequent to the training.

**WRESA SIOP TEAM TRAINING ACADEMY FOR  
THE NC GUIDE TO THE SIOP MODEL  
July 27-29, 2009 – 8:30 a.m. – 4:00 p.m.  
REGISTRATION FORM**

School (if a school team): \_\_\_\_\_

School District/LEA: \_\_\_\_\_

LEP Coordinator: \_\_\_\_\_

Team Leader (member of team who will serve as leader and contact person for communication): \_\_\_\_\_

	Name	Position	Email Address	1 <sup>st</sup> Time Participant in SIOP Model Training (Yes or No)
1				
2				
3				
4				
5				

As confirmed by the signature below, I assure:

- The attached application was reviewed and approved for submission by the district superintendent, district LEP director, and the school principal, if it is a school team.
- The school team will comply with all Academy expectations and assurances listed in the guidance materials.

\_\_\_\_\_  
District LEP Coordinator

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal (if it is a school team)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name of Superintendent

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