**Literacy Design Collaborative (LDC) APPLICATION**

**DUE: May 14, 2014**

The Department will provide free LDC professional development during the 2014-15 school year to middle and high school ELA, science, and social studies teachers and leaders in 1) districts new to LDC and 2) “new” teachers and leaders in sites that joined LDC in 2013-14. Interested districts must submit one application to Jill Slack at [jill.slack@la.gov](mailto:jill.slack@la.gov) by 4:00 pm on May 14. **Applicants will be selected based on date of submission, completeness of the application, and available space.**

Select one: District is new to LDC District joined LDC in 2013-14 school year

Name of District or Charter: is committed to the [Participant Expectations](http://www.louisianabelieves.com/docs/default-source/links-for-newsletters/ldcmdc-web-participant-expectations.pdf?sfvrsn=4), including:

* ensuring teachers and district and school leaders participate in all professional development;
* providing the fiscal resources to fully implement LDC;
* scheduling common planning periods and release time for participating teachers; and
* implementing a scaling plan to train more teachers the following year.

**Please complete the following table(s).** **Each district or charter must select a Central Office leader and one or two schools with up to 6 teachers and a specialist per school. Example: 2 ELA, 2 science, and 2 history teachers and a literacy coach.**

|  |  |
| --- | --- |
| Name of Central Office Leader and Title (e.g., curriculum supervisor) | E-mail Address |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: | Principal: | | | E-mail Address: | |
| Name of Teacher | Course(s) Teaching | Grade(s) | | E-mail Address | |
| 1 |  |  | |  | |
| 2 |  |  | |  | |
| 3 |  |  | |  | |
| 4 |  |  | |  | |
| 5 |  |  | |  | |
| 6 |  |  | |  | |
| Name of Specialist and Title (e.g., coach, master teacher) | | | E-mail Address | |
|  | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: | Principal: | | | E-mail Address: | |
| Name of Teacher | Course(s) Teaching | Grade(s) | | E-mail Address | |
| 1 |  |  | |  | |
| 2 |  |  | |  | |
| 3 |  |  | |  | |
| 4 |  |  | |  | |
| 5 |  |  | |  | |
| 6 |  |  | |  | |
| Name of Specialist and Title (e.g., coach, master teacher) | | | E-mail Address | |
|  | | |  | |