# Teaching the Skills That Matter in Adult Education Cohort 6 Application

1. Agency Name
2. State adult education director (or name and role of appointee)
3. Work address
4. Work e-mail
5. Work phone number
6. Secondary Contact (include name and title)
7. Work address
8. Work e-mail
9. Work phone number

**State Professional Development Representative**

States selected for TSTM are required to have one state PD representative participate in the cohort training along with the nominated teachers. Please indicate below who that will be for your state.

1. Name
2. Title
3. Work e-mail
4. Work phone number
5. Please describe how your state would benefit from participating in the Teaching Skills That Matter (TSTM) project and identify state goals for instructional improvement that align with the project’s focus.
6. Please discuss any initiatives or policies your state already has in place or is developing that align with the project’s focus.
7. Please describe your state’s system for providing professional development and explain how you will use this system to apply the TA you receive through this project to meet the goals noted in item 14.
8. Please describe your plan to sustain the expertise developed by the participants and use it to improve adult education throughout the state upon project completion.
9. Teacher 1 Information

Name:

Title:

Work e-mail:

Summary of qualifications

Program name

Provider Type

* Community-College
* Community-Based Organization
* Public School District
* Library
* Corrections
* Other – Write In (Required):

Main instructional area

* ABE
* ESL
* HSE
* IELCE
* Other-Write In (Required):

Full time or part time

* Full-time
* Part-time

1. Teacher 1 Resume

Please exclude address, phone, and personal email to honor the nominee’s privacy.

1. Teacher 2 Information

Name:

Title:

Work e-mail:

Summary of qualifications

Program name

Provider Type

* Community-College
* Community-Based Organization
* Public School District
* Library
* Corrections
* Other – Write In (Required):

Main instructional area

* ABE
* ESL
* HSE
* IELCE
* Other-Write In (Required):

Full time or part time

* Full-time
* Part-time

1. Teacher 2 Resume

Please exclude address, phone, and personal email to honor the nominee’s privacy.

1. Teacher 3 Information

Name:

Title:

Work e-mail:

Summary of qualifications

Program name

Provider Type

* Community-College
* Community-Based Organization
* Public School District
* Library
* Corrections
* Other – Write In (Required):

Main instructional area

* ABE
* ESL
* HSE
* IELCE
* Other-Write In (Required):

#### Full time or part time

* Full-time
* Part-time

1. Teacher 3 Resume

Please exclude address, phone, and personal email to honor the nominee’s privacy.

1. Teacher 4 Information

Name:

Title:

Work e-mail:

Summary of qualifications

Program name

Provider Type

* Community-College
* Community-Based Organization
* Public School District
* Library
* Corrections
* Other – Write In (Required):

Main instructional area

* ABE
* ESL
* HSE
* IELCE
* Other-Write In (Required):

#### Full time or part time

* Full-time
* Part-time

1. Teacher 4 Resume

Please exclude address, phone, and personal email to honor the nominee’s privacy.

1. The TSTM training takes place over a 5-month period and includes two training meetings (a total of 5 days), biweekly coaching calls, two site visits from coaches, and three 1-hour webinars.

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| --- | --- |
| **Training Activities** | Date |
| One-hour orientation webinar | January 25, 2023, 1 pm ET |
| Three-day in-person training (in Washington, DC) | February 22 - 24, 2023, 9 am – 4 pm ET |
| Three 1-hour webinars | March 16, 2023  April 26, 2023  May 10, 2023 |
| Coaching and two classroom site visits | March - June 2023 |
| Participation in a virtual Community of Practice (CoP) | March - June 2023 |
| Two-day virtual training | June 9 and 16, 2023, 10:30 am – 3:30 pm |

* By clicking here, I indicate that my team is aware of the dates for this training, and we will be able to participate fully in all sessions.

1. By submitting this application:

* **I agree to provide travel costs and release time as necessary for the nominated teachers to successfully complete their participation in the cohort.**
* **I am confirming that I have shared the project description on the TSTM website with the nominees submitted and that they are aware of the criteria for participation.**