

Customizing Instruction Application

Please complete the following application to be reviewed by members of our Customizing Instruction (CI) / Teacher-Initiated Leave (TIL) Committee.

Name: _____

Date of Application: _____

Grade Level and/or Subject Areas Taught: _____

Describe your Customizing Instruction (CI) Plan and how it will enhance your classroom instruction process and increase learning opportunities for our students:

Explain how your Customizing Instruction (CI) Plan meets one or more of the following three target areas: 1) District's Vision; 2) District's Goals; and/or 3) Teachers as Educational Leaders.

What artifacts and data will you collect and share to show that the intended expectations or desired result(s) have been met through your Customizing Instruction (CI) Plan?

How will you share your Customizing Instruction (CI) Plan, growth as an educator, and results with other teachers in the District?

Please include any other information about your Customizing Instruction Plan that would be helpful to the CI/TIL Committee:

Anticipated Hours to Accomplish CI Plan: _____

Anticipated Compensation/Hourly Rate: _____

Teacher's Signature: _____