**Math Design Collaborative (MDC) APPLICATION**

**DUE: May 14, 2014**

The Department will provide free MDC professional development during the 2014-15 school year to middle and high school math teachers and leaders in 1) districts new to MDC and 2) “new” teachers and leaders in sites that joined MDC 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 MDC District joined MDC 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 MDC;
* 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.**

|  |  |
| --- | --- |
| Name of Central Office Leader and Title (e.g., curriculum supervisor) | 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 | |
|  | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |
|  | | |  | |