**Application for Multi Tier System of Supports Professional Learning Community**

After completing the following application attach a letter of support from your District’s Superintendent. Attach any other documents you feel would be critical to this application process.

**Due March 13th, 2015**

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

District Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: work (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell ( ) \_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and positions of proposed team members from your District

(2-3 members per District):

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(For the following six questions, attach additional pages if needed.)**

**1)** How will participation in the MTSS-PLC benefit your district, schools, staff and community?

**2)** What data (e.g., district, school behavior, academic, special education referral) suggest the need for Multi-Tier System of Supports (MTSS) in your district?

**3)** Describe your previous participation in Positive Behavioral Interventions and Supports (PBIS) or Response to Intervention (RTI) local or state initiatives.

**4)** Describe any behavioral and/or academic initiatives being implemented at the district level or the building level. Please indicate focus level of the initiative (e.g., district, building).

**5)** Describe how information gathered from the MTSS professional learning community will be shared with your district/school colleagues.

**6)** Provide evidence of the core MTSS team’s commitment to active participation in the MTSS-PLC. Be sure to include how participation fit into current duties/roles as well as any potential barriers to full participation and solutions to addressing these barriers.

For questions contact Jennifer Hiler at jennifer.hiler@wyo.gov or (307) 777-2925. Send all application materials to:

Wyoming Department of Education,

Special Programs Division, Attention Jennifer Hiler

Hathaway Building, 2nd Floor, 2300 Capitol Avenue

Cheyenne WY 82002-0050