**Hidden Sparks Professional Development Programs in NY/NJ**

2024-25 School Application

**We are excited to launch the application process for 2024-25 Professional Development, and are thrilled to offer three opportunities for your faculty (See next page for program details):**

1. **Internal Coach Program (ICP) Training**

**Recommended for: *Administrators, Guidance and Support Personnel***

1. **Peer Coach (PC) Training**

**Recommended for: *Classroom Teachers, Guidance and Support Personnel****.* As participants will work in a dyad or small group, a minimum of two participants who teach in the same division is required.

1. **4-day Learning Lenses course as a stand-alone module**

**Eligible: *All school faculty***

Note*: Only schools that are currently sending at least two faculty members for ICP/PC coach training, or that have trained at least two faculty members in the past, are eligible for this stand-along option.*

**Location:** Training course days take place at a Midtown Manhattan location. Follow up mentoring takes place at your school.

**Cost:** *Thanks to our generous funders, we are able to offer the following subsidized rate for all our programs:*

**Early Bird Rates for applications received by** **11/8/24**: $550 for the first participant and $450 for each subsequent participant. Schools can benefit from these discounts even if the participants are participating in different programs.

**After 11/8/24**: The fees increase to $650 per participant.

An invoice with payment instructions will be sent to the school after review and acceptance of the application.

There is no fee for current ECP Schools if applications are received by the early bird deadline.

**To Apply:**

**Past participating schools:** Submit **ONLY** Forms 1, 2 & 3 of the application form.

**Schools NEW to these programs:** Submit Forms 1, 2, 3 & 4 of the application form.

**Application Deadlines:**

**Early Bird Rates Deadline: 11/8/24**

**Final Application Deadline: 11/22/24**

**HIDDEN SPARKS PD PROGRAM DESCRIPTIONS**

1. **ICP Training for Administrators, Guidance, and Support Services Faculty**

The Hidden Sparks Internal Coach Program (ICP) trains Administrators, Guidance and Support Services Faculty to become resident coaches and resources in understanding and supporting all learners. They receive training and on-site mentoring focusing on understanding and teaching to diverse learning styles, strategies for struggling students, and skill development to become faculty coaches.

**Training:**

1. 4-day Learning Lenses course [see full description below] Dates: Dec 2, 3, 10 & 11, 2024
2. 2-day coaching skills seminar, Dates : Feb 11& 12, 2025
3. 7 half-day mentoring sessions, on site, in your school.
4. Future invites to Hidden Spark’s Annual Coach Retreat

**The school will support the Internal Coach(es)** byassigning the Internal Coach to support a pair of teachers who work with the same students and allowing them to spend 1 – 2 hours a week conducting classroom observations of students, teacher coaching, and meetings.

1. **Peer Coach Training for Classroom Teachers**

The Hidden Sparks Peer Coaching Program cultivates a supportive relationship between partner teachers so that they can work together to understand their students more deeply and develop strategies together. Together, they will learn to combine their new knowledge of the Learning Lenses framework along with their teaching experiences to support students even more effectively. **NOTE: As participants work in a dyad or small group, a minimum of two participants who work in the same division is required to apply for the Peer Coaching Program. This may include participants who trained previously.**

**Training:**

1. 4-day Learning Lenses course [see full description below] Dates: Dec 2, 3, 10 & 11, 2024
2. 2-day coaching skills seminar. Dates: Feb 11 & 12, 2025Tue
3. 8 half-day mentoring sessions per coaching pair, on site, in your school.
4. Future invites to Hidden Spark’s Annual Coach Retreat

**The school will support the Peer Coaches** releasing them for the 6 days of training and supporting their mentoring sessions.

1. **Learning Lenses Course as a Stand-Alone Module**

This option is open to schools that have in the past, or are currently, training at least two Internal Coaches or Peer Coaches. *Space is limited for faculty members participating in this course as a stand-alone module.*

**Training:** 4-day Learning Lenses course, held at a Midtown Manhattan location.

**LEARNING LENSES COURSE DESCRIPTION**

Faculty that take the 4-day course take a deep dive into the core of our curriculum, which encompasses neurodevelopment (including topics such as attention, memory, social skills, language, higher order thinking and sequencing), ecology (the ways in which the child’s home life, classroom culture and community impact their experience) and temperament (their innate personality traits). Faculty learn about a framework for enhancing understanding of their student's strengths and challenges and emerge with a new shared language, less rooted in labeling than in trying to get at the heart of the issue. They also acquire a robust toolkit of strategies, and a hopeful stance in reaching a range of students, including those who struggle.

**TIMELINE FOR TRAINING**

|  |  |
| --- | --- |
| Fri Nov 8, 2024 | Early bird rate application deadline |
| Fri Nov 22, 2024 | Final Application deadline |
| Mon Dec 2nd, Tues Dec 3rd, Weds Dec 11 & Thurs Dec 12th, | Learning Lenses Course at  Midtown Manhattan location (Days 1-4 of the Internal & Peer Coach Training Course) |
| Tues Feb 11 & Weds Feb 12, 2025 | Coaching Skills Seminar at Midtown Manhattan location (Days 5-6 of the Internal & Peer Coach Training Course) |
| Starting in Feb 2025, and carrying over into the 2025-26 school year | On-site coaching begins as a Hidden Sparks mentor visits you at your school |

**Questions? Please be in touch with Sara Diament, Director of School Services at Sara@hiddensparks.org**

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**FORM 1: SCHOOL INFORMATION FORM**

***Please type your answers. There are fillable fields next to each question.***

***Deadline for early bird rates is Nov 24; Final deadline is Dec 1.***

***Submit to applications@hiddensparks.org***

1. School Name: Click here to enter text.
2. Name of Individual Submitting this application: Click here to enter text.

Title: Click here to enter text. Email Address: Click here to enter text.

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1. **a)** How many candidates does the school have for the **ICP TRAINING PROGRAM?** (for Administrators, Guidance and Support Services personnel) Click on box.

**None  1  2  3 4**

**b)** Please enter the name of each candidate:

ICP Candidate **1** Name: Click here to enter text. ICP Candidate **2** Name: Click here to enter text.

ICP Candidate **3** Name: Click here to enter text. ICP Candidate **4** Name: Click here to enter text.

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1. **a)** How many candidates does the school have for the **PEER COACHING PROGRAM?** (For Classroom Teachers) Click on box.

**None  1\*  2  3 4**

*\* As a reminder, due to the nature of the program, peer coaches need to be able to work with a peer coaching partner that teaches within the same division. This partner may someone who has trained in a prior year.*

**b)** Please enter the name of each candidate:

PC Candidate **1** Name: Click here to enter text. PC Candidate **2** Name: Click here to enter text.

PC Candidate **3** Name: Click here to enter text. PC Candidate **4** Name: Click here to enter text.

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1. **a)** How many candidates does the school have for the **LEARNING LENSES COURSE** as a stand-alone module? Note: this option is only available to schools who are currently training, or have previously trained, at least two coaches.

**None  1\*  2  3 4**

**b)** Please enter for each candidate:

**LL Candidate** **1:** Name: Click to enter text. Email: Click to enter text. Phone: Click to enter text. Position: Click to enter text

**LL Candidate** **2:** Name: Click to enter text. Email: Click to enter text. Phone: Click to enter text. Position: Click to enter text

**LL Candidate** **3:** Name: Click to enter text. Email: Click to enter text. Phone: Click to enter text. Position: Click to enter text

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1. **By typing name below, you agree to accept the school’s responsibilities for training Internal Coaches and/or Peer Coaches and supporting their work in your school.**

**Electronic Signature** (typed name): Click here to enter text. **Title**: Click here to enter text. **Date:** Click here to enter text.

**FORM 2: TO BE COMPLETED FOR EACH INTERNAL COACH CANDIDATE**

**[Click her to download additional forms for additional Internal Coach Candidates.](https://www.hiddensparks.org/wp-content/uploads/2024/09/2024-25-HS-PD-Programs_ICP-info-form.docx)**

School Name: Click here to enter text.

1. **CANDIDATE INFORMATION**

Name of Internal Coach Candidate: Click here to enter text.

Email Address: Click here to enter text.

Mobile Phone: Click here to enter text.

Current position within school. Please specify grade(s)/division(s): Click here to enter text.

# of years in education: Click here to enter text.

# of years at this school: Click here to enter text.

Capacities served/ grades taught: Click here to enter text.

Educational level/degrees: Click here to enter text.

Candidate's Professional Development experiences:

Click here to enter text.

Describe the candidate’s supervisory experience, if any:

Click here to enter text.

What days/hours does the candidate work at your school? Click here to enter text.

To whom at your school does the candidate report? Click here to enter text.

Why was this candidate selected for participation? Click here to enter text.

How do faculty members regard the candidate? Click here to enter text.

1. **ZOOM MEETING**

Upon receipt of the application, Hidden Sparks staff will schedule a time to meet virtually with candidate(s) and principal(s).

**FORM 3: TO BE COMPLETED FOR EACH PEER COACH CANDIDATE**

[**Click here to download forms for additional Peer Coach Candidates.**](https://www.hiddensparks.org/wp-content/uploads/2024/09/2024-25-HS-PD-Programs_PC-info-form.docx)

***Reminder: a minimum of two participants who work in the same division is required to apply for the Peer Coaching Program. This may include participants who trained previously.***

**Use this link to download additional forms as needed.**

*Note: Downloaded form will be “read only.” Simply save with a new file name to create an editable form.*

**School Name:**  Click here to enter text.

1. **CANDIDATE INFORMATION**

Name of Peer Coach Candidate: Click here to enter text.

Email Address: Click here to enter text.

Mobile Phone: Click here to enter text.

Current Position within school. Please specify grade(s)/division(s): Click here to enter text.

# of years in education: Click here to enter text.

# of years at this school: Click here to enter text.

Capacities served/ grades taught: Click here to enter text.

Educational level/degrees: Click here to enter text.

Candidate's Professional Development experiences:

Click here to enter text.

What days/hours does the candidate work at your school? Click here to enter text.

Whom at your school, will the Peer Coach report to? Click here to enter text.

Why was this candidate selected for participation? Click here to enter text.

1. **ZOOM MEETING**

Upon receipt of the application, Hidden Sparks staff will schedule a time to meet virtually with candidate(s) and principal(s).

**FORM 4: NEW SCHOOL SUPPLEMENT**

***ONLY* for schools that are new to the Hidden Sparks program**

***Please type your answers.***

***New Schools should submit Forms 1, 2 and/or 3 & 4 to applications@hiddensparks.org***

1. **SCHOOL INFORMATION**

School Name: Click here to enter text. School Address: Click here to enter text.

Phone: Click here to enter text. Website: Click here to enter text.

Year school opened: Click here to enter text. Grades served: Click here to enter text.

School’s current enrollment: Click here to enter text.

1. **CONTACT INFORMATION FOR SCHOOL PRINCIPAL(S)**

PRINCIPAL 1

Name: Click here to enter text. Title: Click here to enter text.

Mr./Mrs./Ms/Rabbi/Dr; First Name; Last Name

Phone: Click here to enter text. Email: Click here to enter text.

PRINCIPAL 2

Name: Click here to enter text. Title: Click here to enter text.

Mr./Mrs./Ms/Rabbi/Dr; First Name; Last Name

Phone: Click here to enter text. Email: Click here to enter text.

1. **PERSON WHO WILL BE IN CHARGE OF THIS PROGRAM**

Name: Click here to enter text.

Mr. /Mrs. /Ms/Rabbi/Dr.; First Name; Last Name

*If other than a principal listed above*:

Title: Click here to enter text. Phone:Click here to enter text. Email:Click here to enter text.

1. **school services details:**
2. What processes are in place for working with students with special learning needs?

Click here to enter text.

1. Does your school have a support services department and/or a psychologist/social worker on staff?

Click here to enter text.

1. What professional development opportunities does the school currently provide to its faculty?

Click here to enter text.

1. **ATTACHMENTS. PLEASE PROVIDE**
2. School Mission Statement (if the school has one)
3. Copy of school’s tax exempt status