



COMMUNITY OF PRACTICE: INCLUSION For PD Providers

Application Submit to ann.kremer@eclre.org

Applicant Information

Name

Mailing Address	
Email Address	
Phone	
Agency or Affiliation	

Professional Development, Technical Assistance or Coaching

Please share your experience and current role in providing professional development, technical assistance and or coaching.

Hopes for participating

Please share what you hope to learn from participating in this COP.

Signature

If this application leads to being part of the COP I agree to do my best to attend the dates set out and participate in the discussions, respond to surveys and contribute to the group.

Signature: _____ Date: _____