

Hidden Sparks Professional Development Programs in NY/NJ

2021-22 School Application

EARLY BIRD APPLICATION DEADLINE: 11/3/2021 * FINAL APPLICATION DEADLINE: 11/29/2021

*** TRAINING BEGINS IN DECEMBER 2021 ***

We are excited to launch the application process for **2021-22 Professional Development**, and are thrilled to offer three opportunities for your faculty:

1. Internal Coach Program (ICP) Training

Recommended for: Administrators, Guidance and Support Personnel

2. Peer Coach Training-NEW!

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 the same students or work in the same division is required.

3. 4-day Learning Lenses course as a stand-alone module

Recommended for: All school faculty

Eligibility: Faculty member of a school that has in the past, or is currently, training at least two Internal Coaches or Peer Coaches.

TRAINING WILL BE IN PERSON. ALL PARTICIPANTS WILL NEED TO BE FULLY VACCINATED.

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 11/3/2021:** \$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 11/3/2021:** The fees increase to \$650 per participant.
- There is no fee for current ECP Schools if applications are received by the early bird deadline.

To Apply:

- **Past participating schools:** Submit **ONLY** Parts 1 & 2a and/or 2b of the application form.
- **Schools NEW to these programs:** Submit Parts 1, 2a and/or 2b & 3 of the application form.

Application Deadlines:

- **Early Bird Rates Deadline:** applications must be received by **11/3/2021** to qualify for the early bird rate
- **Final Application Deadline:** applications must be received by **11/29/2021**.

COVID NOTE: HIDDEN SPARKS WILL NOT BE BILLING FOR THESE PROGRAMS UNTIL AFTER THE LEARNING LENSES COURSE HAS TAKEN PLACE. SHOULD THERE NEED TO BE A CHANGE IN COURSE DATES AS A RESULT OF A CHANGE IN COVID POLICY GUIDELINES, WE WILL INFORM YOU WITHIN TWO WEEKS OF THE COURSE. SHOULD YOU NEED TO RETRACT YOUR APPLICATION AS A RESULT OF A CHANGE IN COVID GUIDELINES OR A CHANGE IN YOUR COMFORT LEVEL REGARDING PARTICIPATION, THAT WILL, OF COURSE, BE HONORED.

PROGRAM DESCRIPTIONS

1. Full ICP Training

The Hidden Sparks Internal Coach Program 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.

During the “Internal Coach-in-training” period, we will provide your select faculty member(s) with:

- a. The ICP Course: six days of formal training (4-day Learning Lenses course [see full description below] & 2-day coaching skills seminar).
- b. A half-day of shadowing a current Internal Coach.
- c. 7 half-day mentoring sessions, on site, in your school.
- d. 3 Regional Cohort Meetings: facilitated, in-person, small-group practicums.
- e. Participation in an annual retreat in Manhattan.

The school will support your Internal Coach(es) by:

- a. Releasing them for the 6 days of training, a half-day of shadowing, 3 regional meetings, 7 mentoring sessions, and a full day annual retreat.
- b. Provide 1 – 2 hours per week in the Internal Coach’s schedule, and appropriate coverage, for conducting classroom observations of students and teacher coaching. (The Internal Coaches will be mentored in all of these areas during the first year.)
- c. Assign the Internal Coach to support a pair of teachers who work with the same students.
- d. Arrange for these teachers to meet together with the Internal Coach once per month for “Hidden Sparks meetings.”

2. Peer Coach Training-NEW!

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. 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. Participants will learn how to use observations of student behavior and/or student work to anchor their strength-based conversations with their peer coaching partner. By the end of the year peer coaches will be able to meet independently at least once per month for productive discussions about their students using observations of students and/or observations of student work.

NOTE: As participants work in a dyad or small group, a minimum of two participants who teach the same students or work in the same division is required to apply for the Peer Coaching Program.

During the “Peer Coach-in-training” period, we will provide your select faculty members with:

- a. The Peer Coaching Course: six days of formal training (4-day Learning Lenses course [see full description below] & 2-day peer-coaching skills seminar).
- b. 7 half-day mentoring sessions, on site, in your school.
- c. Participation in an annual retreat in Manhattan.

The school will support your Peer Coaches by:

- d. Releasing them for the 6 days of training, 7 mentoring sessions, and a full day annual retreat.
- e. Support their monthly Hidden Sparks meetings.

3. Learning Lenses Course

Faculty that take the 4-day course as a stand-alone will 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 tool-kit of strategies, and a hopeful stance in reaching a range of students, including those who struggle.

Space is limited for faculty members participating in this course as a stand-alone module.

TIMELINE FOR TRAINING

Dec 8,9,15,16, 2021

All participants attend the 4-Day Learning Lenses Course, 9:00am-4:30pm in Midtown Manhattan

Internal Coach Program

January 2022	Shadowing Coach-in-training spends half a day shadowing an experienced Hidden Sparks Coach
Feb 8 & 9, 2022	2- Day Coaching Skills Seminar 9:00am-4:30pm in Midtown Manhattan.
Starting in Feb 2022, and carrying over into the 2022-23 school year	Mentoring begins as a Hidden Sparks mentor visits you at your school for a half day per month (7 sessions total) Coaching begins as coaches-in-training devote 1-2 hours a week to conduct student observations and teacher debriefs.
During the 2022-23 school year	Regional Meetings: (3) 2-hour Regional Group Meetings where they have the opportunity to practice their coaching skills in real classrooms. Retreat: The full-day Hidden Sparks Retreat in Manhattan

Peer Coaching Program

January 2021	N/A
Feb 8 & 9, 2022	2- Day Peer-Coaching Skills Seminar 9:00am-4:30pm in Midtown Manhattan
Starting in Feb 2022, and carrying over into the 2022-23 school year	Mentoring begins as a Hidden Sparks mentor visits you at your school for a half day per month (7 sessions total) Peer Coaching begins as the coaching pair begin to meet to discuss students together.
During the 2022-23 school year	Regional Meetings: 3 virtual skill-building cohort meetings. Retreat: The full-day Hidden Sparks Retreat in Manhattan



hidden**sparks**

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accommodate 2-sided printing**

PART I – SCHOOL INFORMATION**Submit one for your school.***Please type your answers. There are fillable fields next to each question.**Deadline for early bird rates is Nov 3; Final deadline is Nov 29.*Submit to applications@hiddensparks.org

- 1. School Name (official name):** Click here to enter text.
- 2. Name of Individual Submitting this application:** Click here to enter text. **Title:** Click here to enter text.
- 3. Total number of 6-Day Internal Coach Training Candidates:** 1 2 3

Candidate 1**Name:** Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name**Division:** Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.**Email:** Click here to enter text.**Cell:** Click here to enter text.**Candidate 2****Name:** Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name**Division:** Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.**Email:** Click here to enter text.**Cell:** Click here to enter text.**Candidate 3****Name:** Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name**Division:** Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.**Email:** Click here to enter text.**Cell:** Click here to enter text.

- 4. Total number of 6-Day Peer Coaching Candidates:** 1 2 3

Candidate 1**Name:** Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name**Division:** Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.**Email:** Click here to enter text.**Cell:** Click here to enter text.**Candidate 2****Name:** Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name**Division:** Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.**Email:** Click here to enter text.**Cell:** Click here to enter text.**Candidate 3****Name:** Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name**Division:** Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.**Email:** Click here to enter text.**Cell:** Click here to enter text.

5. Total number of Participants for 4-Day Learning Lenses Course: 1 2 3

Note: *this option is only for schools that have in the past, or are currently, training at least two Internal Coaches*

Candidate 1

Name: Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name

Division: Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.

Email: Click here to enter text.

Cell: Click here to enter text.

Candidate 2

Name: Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name

Division: Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.

Email: Click here to enter text.

Cell: Click here to enter text.

Candidate 3

Name: Click here to enter text.
Mr./Mrs./Ms/Rabbi/Dr. First Name Last Name

Division: Click here to enter text. **Job Title:** Click here to enter text.
General, Judaic, etc.

Email: Click here to enter text.

Cell: Click here to enter text.

6. If applying for Internal Coach Program, the top administrator endorsing the submission of this application should check each of the following items and sign below:

- Our school agrees to release the candidates for the entire six full days of the ICP training course.
- Our school agrees to release the ICP candidates for a half-day of shadowing.
- Our school agrees to select two teachers to be supported by the coach.
- Our school agrees to provide time and/or compensation for the trained ICP coach(es) to conduct Hidden Sparks observations, debriefs and meetings one to two hours per week.
- Our school agrees to provide our ICP coach(es) with 2 - 3.5 hrs. per month to work with a Hidden Sparks mentor for seven sessions.
- Our school agrees to release our ICP coach(es) for three half-day regional meetings in the 2022-23 school year.
- Our school agrees to release our ICP coach(es) for a full day retreat in the 2022-23 school year.

By typing name below, you agree to accept the school's responsibilities for training Internal 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.

7. School Visit –If the school has candidates applying for the Internal Coach Training, upon receipt of the application, Hidden Sparks staff will schedule a school visit to meet with candidate(s) and principal(s).

PART 2a – For Internal Coach Program

(Do not complete for candidates taking the stand-alone Learning Lenses Course or Peer Coaching Training.)

Submit one form for each candidate.

[Use this link to download additional forms if needed.](#)

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

Please type your answers. Submit to applications@hiddensparks.org.

Deadline for early bird rates is 11/3; Final deadline is 11/29.

School Name: Click here to enter text.

1) CANDIDATE INFORMATION

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

Email: Click here to enter text. **Mobile Phone:** Click here to enter text. **Home Phone:** Click here to enter text.

Home Mailing Address: Click here to enter text.

Position within school (please specify division if applicable): Click here to enter text.

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

Click here to enter text.

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

Who will the Internal Coach report to, at your school? 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.

2) CANDIDATE'S STATEMENT OF PURPOSE (must be completed by Internal Coach candidate):

Why do you want to become trained as an Internal Coach or School Leader? What interests you about Hidden Sparks?

[Click here to enter text.](#)

3) Candidate's Signature

Please check each statement.

If accepted:

- I agree to attend all six days of the ICP training from 9:00 a.m. to 4:30 p.m.
- I agree to attend the shadowing.
- I agree to work with a mentor for 2.5 - 3.5 hours per month for seven sessions to practice observing students, applying the learning lenses to what I observe, debriefing with their teachers and learning how to facilitate collaborative meetings.
- I agree to spend 1 - 2 hours per week throughout the school year on Hidden Sparks work with students and teachers.
- I agree to attend three regional group meetings in the 2022-23 school year.
- I agree to make arrangements to attend the Hidden Sparks retreat in the 2022-23 school year

By typing name below, candidate acknowledges that he/she understands the responsibilities of the Internal Coach training and the Internal Coach role, and acknowledges that he/she wishes to be considered for the program.

[Click here to enter text.](#)

Electronic Signature (Typed name)

[Click here to enter text.](#)

Date

PART 2b – For Peer Coaching Training

(Do not complete for candidates taking the stand-alone Learning Lenses Course or the Full ICP Coach training)

Submit one form for each candidate.

Reminder: a minimum of two participants who teach the same students or work in the same division is required.

[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: Click here to enter text. **Mobile Phone:** Click here to enter text. **Home Phone:** Click here to enter text.

Home Mailing Address: Click here to enter text.

Position within school (please specify division if applicable): Click here to enter text.

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

Who will the Peer Coach report to, at your school? 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.

2) CANDIDATE'S STATEMENT OF PURPOSE (must be completed by Internal Coach candidate):**Why do you want to become trained as a Peer Coach? What interests you about Hidden Sparks?**[Click here to enter text.](#)**3) Candidate's Signature****Please check each statement.**

If accepted:

- I agree to attend all six days of the Peer Coach training from 9:00 a.m. to 4:30 p.m.
- I agree to work with a mentor for 2.5 - 3.5 hours per month for seven sessions to build my peer coaching practices.
- I agree to spend 1-2 hours/month discussing students with my peer coaching partner.
- I agree to make arrangements to attend the Hidden Sparks retreat in the 2022-23 school year

By typing name below, candidate acknowledges that he/she understands the responsibilities of the Peer Coach training and the Internal Coach role, and acknowledges that he/she wishes to be considered for the program.

[Click here to enter text.](#)

Electronic Signature (Typed name)

[Click here to enter text.](#)

Date

PART 3 – NEW SCHOOL SUPPLEMENT**ONLY for schools that are new to the Hidden Sparks program***Please type your answers.**New Schools should submit Parts 1, 2 & 3 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.**School hours:** Click here to enter text.**2) Contact information for school principal(s):****Name:** Click here to enter text.

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

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

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

Title: Click here to enter text.**Phone:** Click here to enter text.**Email:** Click here to enter text.**3) Contact information for the person who will be in charge of this program (if different from above):****Name:** Click here to enter text.

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

Title: Click here to enter text.**Phone:** Click here to enter text.**Email:** Click here to enter text.**4) Description of the School's Services for Special Needs****a) What processes are in place for working with students with special learning needs?**

Click here to enter text.

b) Does your school have a resource room? Serving which grades and how many children?

Click here to enter text.

c) Does the school have a psychologist on staff? What is their role?

[Click here to enter text.](#)

d) How does your school address behavioral issues?

[Click here to enter text.](#)

e) Professional Development in the School

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

[Click here to enter text.](#)

5) Attachments – Please provide:

- a) School Mission Statement (if the school has one)
- b) Copy of school's tax exempt status