Learning Walk Application 2019-2020

Applicant Name _____

Applicant School _____ **Grade Level** _____

Please answer the following questions:

1. **How do you collaborate with colleagues at your school?**

2. **What are some of your strengths that you can bring to this group?**

3. **What do you hope to gain by participating in learning walks?**

4. **How do you envision your role as a leader in your school?**

5. **Are you willing to have other teachers observe in your classroom?**

   ☐ Yes ☐ No

6. **Are you willing to be video taped throughout the year in order to create a video bank for teachers to view?**

   ☐ Yes ☐ No

7. **Are you willing to be out of your classroom for 2-3 days this year in order to participate in learning walks?**

   ☐ Yes ☐ No

Applicant Signature _____ **Date** _____

Administrator Signature _____ **Date** _____

Due by August 23, 2019

Please email completed applications to titzej@leonschools.net