

Please download form and save to your desktop. Then open the saved form and fill it out.
Save it again, and then send to Karmina as an email attachment.

CABE Professional Development Services (PDS) Consultant information

CONSULTANT CONTACT INFORMATION					
Last Name		First			
Street Address				Apartment/Unit #	
City		State		ZIP	
Home phone		E-mail Address			
Cell phone					
Medical conditions that we should be aware of:					
EMERGENCY CONTACT INFORMATION					
Last Name		First			
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Relation to consultant					

CONSULTANT AVAILABILITY						
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Number of days you are willing to work each month: _____ days/month

Are you willing to travel? Yes No

If so, how far are you willing to travel? _____ If so, are you willing to travel overnight? Yes No

Languages you can read, write, and speak fluently: _____

Which of these topics are you willing to present on?

Can you write about these topics? Yes No

- Dual Immersion for new programs
- Secondary Dual Immersion programs
- English Language Development (ELD)
- Integrated ELD
- Designated ELD
- Differentiated Instruction
- Differentiated Instruction: Math, TK-6
- Differentiated Instruction: Math, 6-12
- Differentiated Instruction: Science, TK-6
- Differentiated Instruction: Science, 6-12

- Differentiated Instruction: History/Social Science, TK-6
- Differentiated Instruction: History/Social Science, 6-12
- Biliteracy
- Developing Academic Spanish
- Spanish Language Development (SLD)
- Spanish grammar
- Long-Term English Learners
- Cross-linguistic transfer
- Local Control Accountability Plan (LCAP)
- Other: _____

Signature: _____ Date: _____