



Kagan Coaching Certification Application

All sections of this form must be completed in order to process your registration.

How many days of Kagan Cooperative Learning training have you completed? _____

First Name _____ Last Name _____

Title/Position _____

School Where You Will Train New Hires _____

Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

Office Phone (_____) _____ School Phone (_____) _____

Cell Phone (_____) _____

Email Address _____

Have you received coaching in your classroom from a National Kagan Trainer? Yes No

Do most of your colleagues at your school implement Kagan Cooperative Learning? Yes No

Please list all Kagan workshops you have attended. (Include title of course, dates of attendance, and instructor.)

Course	Date	Instructor

Required Application Elements

- School Improvement Plan pages with student engagement through Kagan Cooperative Learning highlighted.
- Documentation of Staff Training by a National Kagan Trainer.
- Letter of commitment from building administrator.
- Written description of your use of Everyone Answers! Structures. Please include content, grade level and student work samples if appropriate.
- One page sample lesson plan reflecting the use of Kagan Structures. Please include structures different from those described above.

When ready, please submit your application to Christi Brown at Christi@KaganOnline.com for approval to register.