

Professional Low Incidence Educator Coaching Program:  
**Partnership Agreement**  
(To be completed by Coach & Partner at beginning of school year)

---

Participating *Coach* Name: \_\_\_\_\_ Educational Region: \_\_\_\_\_

Work Address: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ (Circle One: Home Cell Work)

---

Participating *Partner* Name: \_\_\_\_\_ Educational Region: \_\_\_\_\_

Work Address: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ (Circle One: Home Cell Work)

---

**As a member of the Professional Low Incidence Educator Coaching Program, I will fulfill the requirements outlined below:**

- Formal documentation of contact (LI Professional Coaching Partnership Log ) by both the coach and the participating partner
- A minimum of 9 contacts per year
- Professional coaching experience will last up to one school year
- Completion of year end documentation, including the Partnership Log and evaluation form
- Participating coaches will be requested to submit the expense reimbursement form at the end of the year in order to receive \$300 stipend (per partnership)

**Additional Considerations:**

- Participating Coach Qualifications:
    - Three to five years classroom experience within the licensed or non-licensed area or within a related service area;
    - Number of partnerships will not exceed 2 per year as part of the Low Incidence Professional Coaching Program; additional partners considered at discretion of the statewide specialist
  - Coaching activities should be conducted outside of working hours, as stipulated by state guidelines governing activities for which a stipend is awarded
- 

Participating *Coach* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participating *Partner* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Statewide Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_