



The Center for Effective Learning

930 S. 336th Street, Suite A
Federal Way, WA 98003
(253) 815-8800 • info@kovalik.com
www.theCenter4Learning.com

Highly Effective Teaching (HET) Certification

APPLICATION

•Special Certification for Spring, 2010•

ALL REQUIREMENTS MUST BE SUBMITTED ELECTRONICALLY (in MS WORD, or POWERPOINT, or as PDF Files).

THIS COVER SHEET must be included with NON-REFUNDABLE APPLICATION FEE and sent to the corporate office address above. Please print CLEARLY.

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State/Prov: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

School District: _____

Address: _____ City: _____ State/Prov: _____

Grade Level/Position (for School year 2009-2010): _____

Number of years implementing *ITI/HET*: _____

Application MUST be submitted with a non-refundable Application Fee of \$75.00 (U.S.) as well as a Special Certification Fee of \$100.00 (U.S.). This fee will significantly increase in the Fall of 2010.

Applications will only be processed upon receipt of payment. Please include two (2) payments by Check or Credit Card to The Center For Effective Learning / Susan Kovalik & Associates, Inc.

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1. Include payment for non-refundable APPLICATION FEE of \$75.00 (US Dollars)

The Application Fee is used to cover the professional and administrative costs of reviewing the submitted application requirements and is non-refundable.

➤ Check enclosed: Check# _____ Bank: _____

➤ Credit Card: __VISA __MasterCard __American Express CVC code: _____

Card Number: _____ Exp: ____/____

Name on Card: _____

Billing Address: _____

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2. Include payment for reduced SPECIAL CERTIFICATION FEE of \$100.00 (US Dollars).

This fee will only be processed upon APPROVAL of the Special Certification Process.

This Special Certification Fee is set at a greatly reduced amount for those wishing to become HET Certified in the Spring of 2010. We are thrilled to recognize exceptional educators who have shown dedication and perseverance toward personal knowledge of the ITI/HET Model and have successfully implemented Brain-Compatible Teaching and Learning. This Special Certification is offered retro-actively for those who have previously met the criteria and/or participated in the pilot program for HET Certification and are submitting their formal application for acceptance.

➤ Check enclosed: Check# _____ Bank: _____

➤ Credit Card: __VISA __MasterCard __American Express CVC code: _____

Card Number: _____ Exp: ____/____

The Center for Effective Learning ~ Special Certification SPRING 2010

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Name: _____ email: _____

ALL REQUIREMENTS MUST BE SUBMITTED ELECTRONICALLY (in MS WORD, or POWERPOINT, or as PDF Files).

REQUIREMENTS: Complete Sections 1 – 6 along with other required documentation

Part 1 – TRAINING

Qualified Applicants for HET Certification in Spring of 2010 **must have received training at an official SKA-sponsored Training Event a minimum of Two (2) or more times.** Please indicate by checking next to the applicable Brain-Compatible (ITI/HET) Training you received. Must attend annually and be able to show proof of participation by submitting a copy of the Certificate issued upon completion of training events.

- | | |
|---|--|
| <input type="checkbox"/> Body Brain Basics | <input type="checkbox"/> HET Brain Institute (or similar/alternate venue) |
| <input type="checkbox"/> HET Curriculum Academy | <input type="checkbox"/> Schools Exceeding Expectations (SEE) Conference |
| <input type="checkbox"/> Model Teaching Week | <input type="checkbox"/> BOBI or Spring Summit or Camp Kovalik (former trainings) |
| <input type="checkbox"/> Summer Institute | <input type="checkbox"/> Seminar Trainings (from several One- to Three-Day sessions) |

Part 2 – COACHING

Qualified Applicants for HET Certification in Spring of 2010 **must have received coaching from an SKA Associate a minimum of five (5) or more times.** Please list the information and SKA Associate/Coach.

1. District: _____ City: _____ State/Prov: _____
School _____ Date _____ SKA Associate _____
2. District: _____ City: _____ State/Prov: _____
School _____ Date _____ SKA Associate _____
3. District: _____ City: _____ State/Prov: _____
School _____ Date _____ SKA Associate _____
4. District: _____ City: _____ State/Prov: _____
School _____ Date _____ SKA Associate _____
5. District: _____ City: _____ State/Prov: _____
School _____ Date _____ SKA Associate _____

Part 3 – EXPERIENCE

Qualified Applicants **have participated** in a **Model Teaching Week (MTW)** contracted through the SKA corporate office **as a Teacher of Students (T of S) and/or a Teacher of Teachers (T of T)** and are "grandfathered in" for this Special Certification Process. Applicant must have completed a minimum of **ONE** of the following assignments (**A, B, C, or D**) to meet requirements. *Requirements change in fall of 2010.*

Indicate work performed at a MTW sponsored by Susan Kovalik & Associates, Inc. as:

A. Teacher of Teachers (ToT)

District: _____ City: _____ State/Prov: _____
School _____ Year _____ SKA Associate _____

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AND/OR

B. Teacher of Students (TofS)

District: _____ City: _____ State/Prov: _____

School _____ Year _____ SKA Associate _____

AND/OR

Presented at a MTW sponsored by your *own district* (with an SKA Associate onsite during the training) as:

C. Teacher of Teachers (TofT)

District: _____ City: _____ State/Prov: _____

School _____ Year _____ SKA Associate _____

AND/OR

D. Teacher of Students (TofS)

District: _____ City: _____ State/Prov: _____

School _____ Year _____ SKA Associate _____

Part 4 – MEMBERSHIP to SKA ListServ

Eligible Applicants **must be active Members of the SKA ListServ** to receive updates, general information, and other current news. Clearly print the membership email address indicating the SKA ListServ subscription:

_____ @ _____

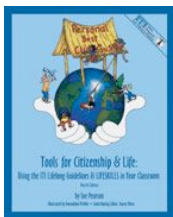
Part 5 – READING

Professional Educators Reading for Knowledge (PERK) related to *Highly Effective Teaching*.

Qualified Applicants must have read the following two (2) books. Please provide examples from **each book** explaining how you used the content/information to orchestrate a brain-compatible classroom and/or school experience and grow responsible citizens. *Attach additional sheets to adequately summarize the examples.*



A. Exceeding Expectations: A User's Guide to Implementing Brain Research In the Classroom by Susan J. Kovalik & Karen D. Olsen



B. Tools for Citizenship and Life: Using the Lifelong Guidelines and LIFESKILLS in Your Classroom by Sue Pearson:

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Part 6 – PERSONAL JOURNEY

Documentation of your personal *Highly Effective Teaching* journey. Create one or more of the following products documenting your ITI/HET Journey in MS WORD, PowerPoint, or as PDF Files.

- A. Graphic Organizer (e.g. Mindmap or Flowchart)
- B. Journal (with 4 or more detailed entries)
- C. Video Clip (maximum of 7 minutes in length)
- D. Photo Essay (minimum of 15 photos with explanatory captions)
- E. Power Point presentation (Maximum of 15 slides)
- F. Song with seven verses (first one introducing yourself, and one each for 5 out of 6 areas listed below and the last being a summative or reflective verse).

Whichever product(s) you choose, the following content must be included in relation to your ITI/HET journey and your personal growth as an educator. Include information/reflections in regard to implementing the *Highly Effective Teaching* model in the following ways:

- Your professional/personal growth in implementing the *Highly Effective Teaching* model
- A successful sensory-rich *Being There* field study experience
- Completed immersion wall or area
- Example of month-long Conceptual Curriculum
- Social / Political Action project
- The area(s) of your biggest challenge and plan for addressing that challenge in the coming year

Voluntary Permission

Permission is willingly granted for using submitted content, quotations/reflections from any component of this application to share verbally, electronically, and/or in advertising materials promoting the HET Model.

- Yes, I willingly grant permission
- No, I prefer not to grant permission at this time

Opportunities, Conditions, and Restrictions

I understand that submission of this application does not imply automatic acceptance for HET Certification. Upon final review of submitted application, I will be notified of either acceptance or non-acceptance. By signing below, I indicate an understanding of certain opportunities as well as restrictions as follows:

- Certification is valid for three years and notification for renewal may be sent at end of that time
- In-District trainings may be allowed with notification and pre-approval
- Out-of-District trainings must be scheduled through the SKA corporate office
- Contract work on behalf of SKA (The Center for Effective Learning) may be offered when available
- Status of HET Certification may be listed on resumé and included on the official HET Website

There are certain ***limitations and conditional use restrictions*** with receiving HET Certification. By signing this application, you acknowledge that all content, components, elements, phrases, and methods of BodyBrain-Compatible Teaching and Learning and the ITI/HET Model are © copyright protected. As an **HET Certification holder, you CANNOT offer ITI/HET trainings and/or provide BodyBrain-Compatible services (either with or without pay) beyond the allowed use within your own school district.** By signing, you further agree to refrain from copyright infringement activities and commit to citing ownership of the HET Model © copyright to Susan Kovalik/The Center for Effective Learning and/or future assigns.

Applicant's Signature: _____ Date: _____

Send completed application forms, documentation, and products for approval to: skovalik@theCenter4Learning.com