# Professional Learning and Teacher Support Literacy Request

Select: **In-Person** Virtual

### Select workshop(s) and course(s)

Fundations <sup>®</sup> Level K Workshop
Fundations <sup>®</sup> Level 1 Workshop
Fundations <sup>®</sup> Level 2 Workshop
Fundations® Level 3 Workshop
Just Words <sup>®</sup> Workshop
Wilson Reading System <sup>®</sup> (WRS) Introductory Course
Wilson Reading System Level I Certification
Wilson Reading System Level II Certification

### Provide potential professional learning date(s):

Preferred course time(includes -1 hour lunch - 15 minute breaks(2):

8:00 - 3:00 8:30 - 3:30 9:00 - 4:00	 					
		8:00 - 3:00		8:30 - 3:30		9:00 - 4:00

## Provide the total number of instructors participating at each level(if known-30 max total):

Elementary	Middle	High School

Provide the total number of schools participating at each level(if known):

		Elementary		Middle		High School
--	--	------------	--	--------	--	-------------

Submitted By:

Organization Name	
Address	
City, State, Zip Code	
Administrator Name	
Administrator Title	
Administrator Email	
Administrator Phone	

#### **Additional Comments:**

Please submit	completed	form to: tina@learningte	chniq	uesitd.com or Fax: 708	8.575.04	02
CS	SCR	EAS	EAC	EZAC	EI	Р
LEARNING TECHNIQU	IES, LTD.	WILSON PARTNER PLAN REQUEST	1	www.learningtechniquesltd.com	<u>ו</u>	Page 1