



**Clay County Public Schools, 2015-2016
PROPOSED SIPPS Professional Learning Plan**

Professional Learning Cost: \$46,800

Teacher Leaders/Coaches: 4 days complimentary; a value of \$10,400 (4 days @ \$2,600)

SIPPS Teachers School-Based Support: 18 days @ \$2,600 = \$46,800

Goals

- Ensure successful implementation of SIPPS
- Provide on-going support for teacher leaders
- Improve practice and deepen understanding of effective foundational skills instruction to develop fluent, independent readers

Assumptions

- SIPPS will be implemented in the 4 schools
- Focused support will be offered to district level and site based teacher leaders which includes learning to facilitate Modified Lesson Study, Side-by-Side Coaching and Modeled Lessons
- School-Based Administrators will attend a SIPPS overview session
- The professional learning plan is a living document and will be modified as needed throughout the year

SIPPS Implementation Tools. Center for the Collaborative Classroom will provide the listed tools and others developed to support the on-going professional learning for SIPPS.

- SIPPS Team Meeting Facilitators Guide
- SIPPS Exploring the Embedded Professional Supports (all levels)
- SIPPS Level Instruction Recorded Webinar (all levels)
- Elements of an Effective SIPPS Implementation
- SIPPS Technology Modules (5)
- Learning Hub: General and Lesson Specific Resources
- Learning Hub: Lesson, Animation & Routine Video
- [SIPPS Tips](#) & [SIPPS Blogs](#)

Teachers New To SIPPS

- Lisa Johnson, Clay County, will provide the professional learning support for teachers new to SIPPS.
- Gina Fugnitto and Jolynn Bernard, Center for the Collaborative Classroom, will provide the resources and presentation(s) for the professional learning.

Teacher Leaders/Coaches of SIPPS

4 Days Complimentary; a value of \$10,400 (4 days @ \$2,600)

Focus: Deepen understanding of SIPPS to strengthen coaching and implementation support to SIPPS teachers.

- Tips, recommendations, supports for communicating the strategies and skills the students are working on in SIPPS with the classroom teacher
 - Effective use of the SIPPS general resources
- Know the SIPPS supports and coaching tools available
- Support on how to effectively use the SIPPS Assessment App new features
- Reciprocity between SIPPS, MM instruction and IDR

Teacher Leaders/Coaches Proposed Professional Learning

Value of \$10,400 (4 days @ \$2,600)

Date	Consultant	Goals
September	Lindsey Ammons	
November	Lindsey Ammons	
February	Lindsey Ammons	
April/May	Lindsey Ammons	

SIPPS Teachers School-Based Support

18 days @ \$2,600 = \$46,800

Focus: Deepen implementation of SIPPS as the foundational skills instruction to support the development of fluent independent readers who read with accuracy, automaticity and prosody.

S. Bryan Jennings Elementary School

5 days @ \$2,600 = \$13,000

Date	Days	Consultant	Goals
September	2	Lindsey Ammons	TBD
November/December	2	Lindsey Ammons	TBD
February/March	1	Lindsey Ammons	TBD

W. E. Cherry Elementary School

5 days @ \$2,600 = \$13,000

Date	Days	Consultant	Goals
September	2	TBD	TBD
November/December	2	TBD	TBD
February/March	1	TBD	TBD

Wilkinson Elementary School

5 days @ \$2,600 = \$13,000

Date	Days	Consultant	Goals
September	2	Lindsey Ammons	TBD
November/December	2	Lindsey Ammons	TBD
February/March	1	Lindsey Ammons	TBD

McRae Elementary School

3 days @ \$2,600 = \$7,800

Date	Days	Consultant	Goals
September	1	TBD	TBD
November/December	1	TBD	TBD
February/March	1	TBD	TBD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #0E77964 Integro Insurance Brokers 2300 Contra Costa Blvd Suite 375 Pleasant Hill, CA 94523	1-925-671-5110 CONTACT NAME: Lynette Dupree PHONE (A/C, No, Ext): 925-852-0413 E-MAIL ADDRESS: lynette.dupree@integrogrogroup.com FAX (A/C, No): 925-852-0463														
INSURED Center for the Collaborative Classroom 1250 53rd St. #3 Emeryville, CA 94608	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: WEST AMER INS CO</td> <td>44393</td> </tr> <tr> <td>INSURER B: REPUBLIC IND CO OF AMER</td> <td>22179</td> </tr> <tr> <td>INSURER C: GREAT AMER ASSUR CO</td> <td>26344</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: WEST AMER INS CO	44393	INSURER B: REPUBLIC IND CO OF AMER	22179	INSURER C: GREAT AMER ASSUR CO	26344	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 44794394

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employee Benefit Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BKW56205239	07/28/15	07/28/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BAS56205239	07/28/15	07/28/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CU8983290	07/28/15	07/28/16	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	14528316	11/15/14	11/15/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation			617114214	11/15/14	11/15/15	Out of State 1,000,000ea

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance Coverage.

CERTIFICATE HOLDER
 School Board of Clay County
 800 Center Street
 Green Cove Spring, FL 32043

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SCHOOL BOARD OF CLAY COUNTY
Consultant Services Agreement

Date 8-4-15

Center For The Collaborative Classroom (A Consultant) AGREES TO PROVIDE CONSULTANT SERVICES FOR INSERVICE TRAINING ACTIVITY TITLED SIPPS Professional Learning Plan (Title of Workshops/Activity)

TO BE HELD AT SBJ (5 Days) WEC (5 Days) WES (5 Days) MRE (3 Days) ON TBD (18 Days Total)+4 Complimentary Days TBD (Location of Workshop/Activity) (Dates)

8:00 - 3:30 (Times) THE CONSULTANT FEE IS SET AT \$ 2600.00 PER HOUR DAY PLUS \$ -0-

FOR MILEAGE FOR A TOTAL CONSULTANT FEE AMOUNT OF \$ 46,800.00 (Invoice after school training).

It is the intent of the parties to this agreement that a minimum of N/A () attendees attend this training activity. In the event that attendance falls below the minimum number, the amount of the consultant fee shall be reduced by N/A for each unfilled available attendee position below the minimum attendance level set forth above. In the event that attendance is less than N/A attendees, this agreement may be cancelled by SBCC at any time prior to commencement of the presentation with no obligation for payment of the consultant fee.

This information is necessary for those who will be interacting with students using demonstrations of materials, etc.
Liability Insurance: Yes No Not Necessary Policy # _____

LIABILITY INSURANCE CARRIER (see attachment)

POLICY LIMITS _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBERS: HOME: () - BUSINESS: () - FAX: () -

Consultant shall indemnify the School Board of Clay County, Florida (A School Board) and hold and save it harmless from and against any and all actions or causes of action, claims, demands, liabilities, loss, damage or expense of whatsoever kind and nature including attorney's fees, whether incurred under retainer or salary or otherwise, which the School Board shall or may at any time sustain or incur by reason of this Agreement, or which it may sustain or incur in connection with any litigation, investigation or expenses incident to such provision of this Agreement, including any suit instituted to enforce the obligations of this agreement of indemnification, and Consultant shall pay to School Board all sums of money, with interest which School Board shall or may loan, advance pay or cause to be paid, or become liable to pay on account of or in connection with this Agreement. In addition, Consultant shall pay to any party directed by the School Board for any loss, claim, damage or expense incurred by the School Board arising out of this Agreement. Consultant shall furnish to the School Board receipts of all claims, expenses, liabilities, damages paid by Consultant as a result of the Agreement.

Consultant, or any employees or volunteers employed or utilized by Consultant shall, at their own expense, undergo and pass a Level 2 background screening as required by sec. 1012.465 Florida Statutes prior to entering upon any School Board public school campus while students are present.

PLEASE SIGN, DATE AND RETURN THIS CONSULTANT SERVICES AGREEMENT WITHIN TEN WORKING DAYS, KEEPING THE PINK COPY FOR YOUR RECORDS.

Andsey Ammons Jolynn Bernard
(TYPE OR PRINT CONSULTANT NAME)

Jolynn Bernard
(CONSULTANT SIGNATURE)

Outside Consultants must attach IRS form W9

8/18/15
(DATE)

COPIES: Copy 1: Accounts Payable Dept. Copy 2: Professional Development Dept. Copy 3: School/Dept. Copy 4: Consultant