

CREATING COHERENCE

ABOUT THE WORKSHOP

Throughout our state, discussions within and among districts about how to create and lead systems that maximize coherence are ever-increasing. In these times of initiative overload, it is imperative that we bring administrators together to learn with and from each other. WASA, in collaboration with AWSP, has developed a series that addresses the above challenge—particularly as it pertains to the full implementation of the teacher and principal evaluation system along with other initiatives. This professional learning offering will increase coherence among central and building level staff, professional growth, and evaluation systems.

Based upon the book *Coherence: The Right Drivers in Action for Schools, Districts, and Systems* by Michael Fullan and Joanne Quinn, participants will explore the Coherence Framework, a road map with four essential components:

- Focused direction to build collective purpose
- Cultivating collaborative cultures while clarifying individual and team roles
- Deepening learning to accelerate improvement and foster innovation
- Securing accountability from the inside out

Participants will receive a copy of Fullan and Quinn's book which will serve as a foundational resource in this two-part series.

DATES AND LOCATIONS

Registration fee: \$135 per person. Please select one series. Light breakfast snack and lunch provided.

<input type="checkbox"/> March 23, 2016 (Day One) and April 14, 2016 (Day Two) 8:30 a.m.–3:30 p.m. Moses Lake School District 940 E Yonezawa Blvd Moses Lake, WA 98837	<input type="checkbox"/> March 24, 2016 (Day One) and May 11, 2016 (Day Two) 8:30 a.m.–3:30 p.m. NEWESD 101 4202 S Regal St Spokane, WA 99223	<input type="checkbox"/> April 20, 2016 (Day One) and May 6, 2016 (Day Two) 8:30 a.m.–3:30 p.m. Capital Region ESD 113 6005 Tye Dr SW Tumwater, WA 98512	<input type="checkbox"/> April 26, 2016 (Day One) and May 19, 2016 (Day Two) 8:30 a.m.–3:30 p.m. Puget Sound ESD 800 Oakesdale Ave SW Renton, WA 98057
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REGISTRANT INFORMATION

Ph.D. Name _____ Badge name _____

Ed.D. Title _____ District/Agency _____

Mr. Address _____ City/State/ZIP _____

Mrs. _____

Ms. Email _____

Vegetarian meals requested Other Dietary Restrictions: _____

PAYMENT OPTIONS

Cancellation fee: \$50

Purchase order number _____ Check (payable to WASA)

Visa or MasterCard

Card Number _____ Expiration Date _____ CVC: _____

Name, exactly as it appears on the card: _____

Email receipt to _____

SUBMIT REGISTRATION