



Blended Learning Integration
Bridge Valley Advanced Technology Center
2001 Union Carbide Drive South Charleston, WV 25303
Tuesday, September 11, 2018

Agenda

- 9:00 am Welcome, Introductions and Agenda Overview
Dr. Amelia Courts, President/CEO, The Education Alliance

- 9:30 am Introduction to Blended Learning
Leah Sparks, Executive Director of Technology for Kanawha County Schools
Rosalie Rhodes, Blended Learning Coordinator for Kanawha County Schools

- 11:30 am Lunch

- 12:00 pm Blended Lesson Development & Sharing
Leah Sparks & Rosalie Rhodes

- 2:45 pm Wrap-Up and Next Steps
Emily Pratt, The Education Alliance

- 3:00 pm Adjournment

Blended Learning is a program of The Education Alliance made possible by major funding from:



BelleJAR
Foundation



Training Evaluation

Tell us what you think!

1. Overall, how would you rate today's training?

- Excellent
- Very good
- Fairly good
- Mildly good
- Not good at all

2. How organized was today's training?

- Extremely organized
- Very organized
- Somewhat organized
- Slightly organized
- Not at all organized

3. Please rate each of the training sessions:

	Highly Informative	Informative	Neutral	Somewhat Informative	Not Very Informative
Introduction to Organization					
TIM Model					
Introduction to Lesson Design					
Lesson Design Work Session					
Lesson Design Sharing					

4. The training equipped me with knowledge/skills that will strengthen my school's efforts in:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Confident in LMS Organization					
Understand the TIM model					
Capable in blended lesson development					

5. Tell us the best thing about the training:

6. Please provide one suggestion to improve this training:

Travel Form

Fax: 304-342-0046

Email: invoice@educationalliance.org

Event Name Fall 2018 Blended Learning Training Event Date September 11, 2018

Driver _____

Passenger(s) _____

Round Trip Miles _____

Mileage Reimbursement _____

(.545 per mile) _____

Tolls _____

Parking _____

Other _____

Total _____

Payment should be mailed to:

Name _____

Address _____

City _____ State _____ Zip _____

Driver's Signature

Date

Approval Signature

Date

Travel Policy

The Education Alliance will provide mileage reimbursement for one car for every four participants. Participants are required to car pool in order to receive mileage reimbursement. Mileage reimbursement will be provided at the state mileage rate which is currently 54.5 cents per mile.

Blended Learning Stipend Form

Payable To:

Name: _____

Address: _____

Phone: _____

Period: Mid-Year End of Year

DATES	HOURS	DESCRIPTION	TOTAL
TOTAL DUE			

W-9 FORM ATTACHED

Notes:

- 2018-19 Blended Learning teacher stipends can be up to \$800 at a rate of \$25 per hour.
- Sample descriptions
 - Face to face and webinar-based training
 - Independent work to develop blended course
 - Participation in blended course review / reflection

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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
2 Business name/disregarded entity name, if different from above						
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: center; width: 20%;">Individual/sole proprietor or single-member LLC</td> <td style="text-align: center; width: 20%;">C Corporation</td> <td style="text-align: center; width: 20%;">S Corporation</td> <td style="text-align: center; width: 20%;">Partnership</td> <td style="text-align: center; width: 20%;">Trust/estate</td> </tr> </table> <p style="font-size: small;">Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p>▶ Note: Check the appropriate <input type="checkbox"/> in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p>Other (see instructions) ▶ _____</p>	Individual/sole proprietor or single-member LLC	C Corporation	S Corporation	Partnership	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small; text-align: right;">(Applies to accounts maintained outside the U.S.)</p>
Individual/sole proprietor or single-member LLC	C Corporation	S Corporation	Partnership	Trust/estate		
5 Address (number, street, and apt. or suite no.) See instructions. <input type="checkbox"/>	Requester's name and address (optional)					
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																									
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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