

Superintendent Professional Development Program

Directions:

- Read the entire application carefully prior to completing.
- Be thorough, yet concise, and use only the space provided.
- Complete the application form and the one-page resumé form. Additional resumé pages will not be considered.
- Print both forms; sign the application form; secure your superintendent's signature; and mail both forms to the address provided on page 3 or scan and send to Keith Porter at <u>klporter112@gmail.com</u>.
- Print the confidential recommendation form and submit to the individuals familiar with your work as a school teacher. The recommendation form must be received by July 23, 2021.

Name:				
	ast	First		MI
Position/T	ītle:			
School Sy	vstem:			
Business				
Address:	Street	City	State/Zip	County
Home Address:				
·	Street	City	State/Zip	County
Contact Informatic	on:			
	Business Phone	Cell Phone	Preferred Email	
Certificate	e Type/Lever:			
Total year	s experience as a school	and/or system leader:		
Superinte	ndent Endorsement:			
		ion of nt Professional Development		

Superintendent Signature

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One letter of recommendation is required from an individual familiar with your work as a school leader. In the spaces below, provide the name and address of the individual recommending you for the Superintendent Professional Development Program.

Name:	 	 	
Title/Position:			
System Name:			
A ddress [.]			

Respond to the following questions in the space provided.

1. What do you expect to get out of SPDP that is different from other professional learning opportunities?

2. How do you describe your leadership style? What are your perceived leadership strengths? What are your perceived areas for leadership growth?

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3. What interests you about serving as a public school superintendent?

4. What are three leadership accomplishments you have achieved in your school system or school? Describe how you succeeded.

5. Currently, what is your biggest concern about becoming a superintendent?

Applicant Signature

Date

Selection process

Please submit the application and resumé form by July 23, 2021. The confidential recommendation form must be submitted by July 23, 2021. All applicants will be notified of their enrollment status by August 6, 2021.

> Superintendent Professional Development Program Attn: Keith Porter <u>klporter112@gmail.com</u> 5805 Buruss Road Cumming, GA 30028