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 scan both forms to Keith Porter at klporter112@gmail.com.**
- **Print the confidential recommendation form and submit to the individuals familiar with your work as a leader.   The recommendation form must be received by July 18, 2025.**

Name: _____
          Last   First   MI

Position/Title: _____

School System: _____

Business _____
Address: Street   City   State/Zip   County

Home
Address: _____
          Street   City   State/Zip   County

Contact
Information: _____
          Business Phone   Cell Phone   Preferred Email

Certificate Type/Level: _____

Total years experience as a school and/or system leader: _____

Superintendent Endorsement:

If selected, I endorse the participation of _____,
and confirm that the Superintendent Professional Development Program supports his/her performance goals.

Superintendent Signature   Date

Please see page 2   **Confidential Application**

Superintendent Professional Development Program

Confidential Application

Page 2

Two letters of recommendation are required from an individual familiar with your work as a school leader and your superintendent. 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: _____

Address: _____

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?**

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 18, 2025.
The confidential recommendation form must be submitted by July 18, 2025.
All applicants will be notified of their enrollment status by July 25, 2025.
Note: Earlier submissions allow for additional time for application review by the selection commitee.

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

Superintendent Professional Development Program
Confidential Recommendation Form

"Developing Leadership for Georgia's Future"

_____

Instructions for SPDP Applicant:
- Download and save a blank copy of the Confidential Recommendation Form.
- Forward the blank copy electronically to the individuals who will complete the recommendation for you.

OR

- Ask the person recommending you to the Superintendent Professional Development Program to access the Confidential Recommendation Form on the GSSA website, www.gssaweb.org.

Instructions for the Individual Making Recommendation:

1. **Use the space below to describe the professional and personal attributes of the individual you are recommending to the Superintendent Professional Development Program.**
2. **Describe the qualities that, in your opinion, enable him/her to be a successful district office leader.**
3. **Once the recommendation is completed, scan the confidential recommendation form to Keith Porter at klporter112@gmail.com.**

_____

Name of SPDP applicant and school district: _____

Name of individual making recommendation

and school district: _____

Please return this form within 10 days of receipt, and not later than Friday July 18, 2025.

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