**Virginia Department of Education**

**Division of Special Education and Student Services**

***Aspiring Special Education Leaders Academy***

**Cohort 9: 2016-2017**

***Application***

##  Part I: Applicant Information

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| Name: |

###  Last First Mi

**Home Address:**

**Home Phone:**

**Work Phone:**

**E-mail Address:**

**Work Location & School Division:**

**Current Assignment:**

**Years of Experience in Current Assignment:**

**Years of Educational Experience:**

**Highest Degree Earned:**

**Licenses Held in Virginia:**

Part II: Applicant Statement & Résumé

In applying for this Virginia Department of Education Aspiring Special Education Leaders Academy, you are expressing your interest in and commitment to a career in special education leadership. Develop a statement (500 words or less) indicating why you are interested in participating in this leadership academy. Discuss your **beliefs**, abilities and experiences related to leadership and **your vision of participating in the academy**.

**✔*Résumé:*** Attach a current résumé listing formal education including degree(s) earned, work experiences related to special education, administration, professional and civic activities, and other pertinent information.

Part III: Recommendation

**✔*Recommendation from supervisor*:**  Request that your principal, supervisor, or program manager complete the two-page recommendation form provided with this application packet.

***Your signature on this application certifies that the information you are providing is complete and true to the best of your knowledge.***

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 *Applicant’s Signature Date*

**✔Return Parts I, II, and III of this application, which includes your current résumé and your supervisor’s recommendation, to your special education director. If selected within your school division, your application will be submitted to the Virginia Department of Education (VDOE) for further consideration. Nominees considered by VDOE will be notified of the selection outcome in May 2016.**

## Part IV: Endorsement by Special Education Director and Superintendent or Designee

***We endorse the nomination of this candidate for the Aspiring Special Education Leaders Academy. If the candidate is selected for participation, we agree to provide the associated mileage reimbursement and professional leave.***

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*Signature of Special Education Director Printed Date*

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*Signature of Division Superintendent or Designee Printed Date*

***Return by April 18, 2016 (postmarked) to:***

Beverly Wynter

Office of the Assistant Superintendent, Floor 20

Division of Special Education and Student Services

Virginia Department of Education

P.O. Box 2120

Richmond, VA 23218-2120

***Contact Information:***

**Division Superintendent or Designee**

*Name:*

*Mailing* *Address*:

*Phone* *Number*:

*E*-*mail* *Address*:

**Special Education Director**

*Name:*

*Mailing* *Address*:

*Phone* *Number*:

*E*-*mail* *Address*: