**Virginia Department of Education**

**Division of Special Education and Student Services**

**Aspiring Special Education Leaders Academy**

**Cohort 9: 2016-2017**

## Part III of Application Packet: Recommendation

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*Applicant’s Name Position & Work Location Date*

**Supervisor Providing Recommendation:** The above-named applicant is applying to participate in the Aspiring Special Education Leaders Academy sponsored by the Virginia Department of Education (VDOE). Your recommendation should be given directly to the applicant who will add it to his/her application packet. Pending endorsements by the special education director and division superintendent or designee, the application packet will be submitted to VDOE for further consideration. The information that you provide in this recommendation will be reviewed by a selection committee. Thank you for your assistance. **Your recommendation is a key factor in the selection process.**

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*Applicant’s Name Position & Work Location Date*

**Using the space below, please comment on information that should be considered when reviewing this candidate’s application, particularly in the areas of communication skills and leadership potential. Use additional pages as applicable.**

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Return by April 18, 2016 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