**Virginia Department of Education**

**Division of Special Education and Student Services**

***Aspiring Special Education Leaders Academy***

**Cohort VII: 2014-2015**

***Application***

##  Part I: Applicant Information

|  |
| --- |
| Name: |

###  First Mi Last

**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 abilities and experiences related to leadership and address two of the following standards for professional practice adapted from those identified by the Council for Exceptional Children:

* Committed to the application of professional expertise to ensure a quality education for students with disabilities
* Participates with other professionals and with family members in an interdisciplinary effort in the management of behavior
* Seeks to develop relationships with families based on mutual respect for their roles in achieving benefits for students with disabilities
* Functions as a member of an interdisciplinary team and provides consultation and assistance, where appropriate, to both general and special educators as well as other school personnel serving students with disabilities

**✔*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.***

|  |
| --- |
|  |

 *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 for further consideration. Nominees considered by VDOE will be notified of the selection outcome in May 2014.**

## 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.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Signature of Special Education Director Printed Date*

|  |
| --- |
|  |

*Signature of Division Superintendent or Designee Printed Date*

***Return by April 25, 2014 (postmarked) to:***

Beverly Wynter

Office of the Assistant Superintendent, Floor 17

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*: