

**Virginia Department of Education in partnership with the
Center on Transition Innovations at Virginia Commonwealth University**

# Statewide Transition Leaders Academy (STLA) ApplicationCohort I: 2024-2025

## Instructions

All candidates must submit their applications through their school division’s director of special education. Application packets must be submitted to the attention of Katherine Willis, Senior Administrative Assistant, Center on Transition Innovations, at the address below and postmarked by **April 30, 2024**, or by email at willisk5@vcu.edu.

Virginia Commonwealth University

Center on Transition Innovations

1314 West Main Street

PO Box 842011

Richmond, Virginia 23284-2011

For more information, contact Judy Averill, Director of the Center on Transition Innovations,
at jmaverill@vcu.edu.

## Part I: Applicant Information

Full Name: Click or tap here to enter Full Name.

Home Address: Click or tap here to enter Home Address.

Work Email: Click or tap here to enter Work Email.

Telephone: Click or tap here to enter Telephone.

Work Name and Address: Click or tap here to enter Work Name and Address.

School Division: Click or tap here to enter School Division.

Current Position: Click or tap here to enter Current Position.

Years in Current Position: Click or tap here to enter Years in Current Position.

Years of Educational Experience: Click or tap here to enter Years of Educational Experience.

Highest Degree Earned: Click or tap here to enter Highest Degree Earned.

License Type (select the appropriate checkbox below):

* Collegiate Professional [ ]
* Postgraduate Professional [ ]
* Provisional [ ]

License Expiration Date: Click or tap here to enter License Expiration Date.

Supervisor’s Name: Click or tap here to enter Supervisor’s Name.

Supervisor’s Title: Click or tap here to enter Supervisor’s Title.

Supervisor’s Email: Click or tap here to enter Supervisor’s Email.

Supervisor’s Telephone: Click or tap here to enter Supervisor’s Telephone.

## Part II: Resume and Application Statement

1. Resume: Attach a current resume (three pages or less) listing formal education including degree(s) earned; work experience(s) related to special education, secondary transition, and administration; professional and civic activities; and other pertinent information. [ ]
2. In 100 words or less, why are you interested in participating in the Statewide Transition Leaders Academy? Include how your participation will impact you professionally and what you seek to accomplish from this experience (e.g. career goals, aspirations).

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1. How would you rate your current knowledge of transition planning? Select the appropriate checkboxes below.
* Advanced: In-depth knowledge and application of transition planning and services [ ]
* Proficient: Broad working knowledge of transition planning and services [ ]
* Developing: Some understanding of transition planning and services [ ]
* Novice: Minimal awareness of transition planning and services [ ]
1. In applying for the Statewide Transition Leaders Academy, you are expressing your interest in increasing your knowledge, leadership potential, and experience in providing transition services to students and families. Develop a statement (500 words or less) indicating your philosophy related to secondary education, abilities and experiences related to transition, and vision of how your participation will benefit transition stakeholders. Additionally, highlight how you will build knowledge and skills within your school division to improve outcomes for students with disabilities.

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## Part III: Signed Expectations for Academy Participation

The following expectations must be agreed to by the Statewide Transition Leaders Academy participant and their school division Superintendent or Designee. Check each box, and sign on the appropriate line before uploading or submitting your application. If submitting the application electronically, please convert to a PDF to provide an Adobe digitally certified signature. If submitting the application by mail, please provide a wet ink signature.

### Expectations of Academy Participants

Please read each statement and check each box to indicate agreement.

* I will attend, engage, reflect, and work collaboratively with others in all scheduled sessions. [ ]
* I will contribute to the professional culture of the STLA cohort by the following actions:
* Engaging in collaboration [ ]
* Demonstrating respect for other participants [ ]
* Assuming the positive intent of others [ ]
* Being open-minded to new learning experiences [ ]
* Preparing for each session by completing reading and other assignments [ ]
* Responding to colleagues in a timely manner [ ]
* Supporting colleagues in learning and creating [ ]
* I will engage fully in sessions offered and will set boundaries to assist with minimizing disruptions (e.g., answering emails and phone calls) and maximizing learning. [ ]
* I will be reflective throughout the phases of the STLA, thinking about the outcomes of students, families, classrooms, teachers, and schools. [ ]
* I will complete all work with an intentional framing toward student-focused transition, including student achievement, student growth, and the development of personal competencies. [ ]
* I will exercise professional communication with program staff, particularly in relation to any extenuating circumstances that might arise. [ ]
* I will document my STLA growth journey and will demonstrate progress toward desired individual, school, teacher, and student outcomes. [ ]
* I will share my successful STLA growth journey with other leaders to encourage statewide expansion of learning and leadership development. [ ]

#### I agree to adhere to the above expectations.

Name of Applicant: Click or tap here to enter Name of Applicant.

* **Signature of Applicant:**
* Date: Click or tap here to enter Date.

### Expectations of School Division Support of Academy Applicant

Please read each statement and check each box to indicate agreement.

* The superintendent or designee will excuse the applicant from regular duties to attend required STLA events and have negotiated release time to participate. [ ]
* The superintendent or designee understands that attendance at all sessions is mandatory. [ ]
* The superintendent or designee will provide financial support for expenses not covered by STLA for the applicant to attend events, such as reimbursement for mileage. [ ]
* The superintendent or designee will support the applicant in applying evidence-based strategies that align with the vision for student-focused transition within their school division. [ ]

#### I agree to adhere to the above expectations.

Name of Superintendent or Designee:Click or tap here to enter Name of Superintendent or Designee.

* **Signature of Superintendent or Designee:**
* Date: Click or tap here to enter Date.

## Part IV: Recommendations and Approvals

The school division superintendent or designee and director of special education endorse the nomination of this applicant for the Statewide Transition Leaders Academy and, if the applicant is selected for participation, agree to provide the associated mileage reimbursement and professional leave. If submitting the application electronically, please convert to a PDF to provide an Adobe digitally certified signature. If submitting the application by mail, please provide a wet ink signature.

Name of Superintendent or Designee: Click or tap here to enter Name of Superintendent or Designee.

* Division Email: Click or tap here to enter Division Email.
* **Signature of Superintendent or Designee:**
* Date: Click or tap here to enter Date.

Name of Director of Special Education: Click or tap here to enter Name of Director of Special Education.

* Division Email: Click or tap here to enter Division Email.
* **Signature of Director of Special Education:**
* Date: Click or tap here to enter Date.