

Application for Admission

Superintendent's cohort at READS Collaborative

Candidates whose application is postmarked on or before January 31, 2008 will receive a \$200 credit towards tuition.



Please print or type clearly

Name

Social Security Number

Street Address

City, State & Zip Code

Home Telephone

Day Time Telephone

Fax

Email

Years Served as Administrator

Administrative Position

School

Current Superintendent

Required Credentials for Admission & Licensure

	Application.
	250-500 word essay stating career and professional goals.
	Candidate's Resume or Vitae
	Copy of current Department of Education administrator License.
	A separate letter on school district letterhead from your Superintendent certifying a minimum of three years, full-time experience working under an MDOE-approved license. This letter must be on official school letterhead and must include the following: candidate's name, social security number and license number. Photocopies and/or faxed copies are not acceptable.
	A recommendation from the following: a. District Superintendent b. Other colleague of your choice (Please use the form provided)
	Two original sets of undergraduate and graduate transcripts. Transcripts must be sent directly to the MSSAA from your College or University.
	\$50.00 Application fee payable to MSSAA
	MTEL results

How did you hear about the LLPS – READS Collaborative cohort?

What caused you to select our program?

Leadership Licensure Program

c/o MSSAA

33 Forge Parkway

Franklin, MA 02038

Phone: 508-541-7997

Fax: 508-541-9888



Reference for Admission

Name of Applicant: _____ SS#: _____

(Important note to applicant: Please complete the portion of the form above your signature carefully and sign it before giving it to the person giving referral.)

SECTION 1: Disclosure Provisions

To Student Applicant: The recommendation given below will become part of your admission file. It will be used only for admission and will not be disclosed to any unauthorized individual without your written consent. Please check the appropriate space below and sign the statement before forwarding this form to your referee for completion. I have read the information above and hereby waive ___ do not ___ waive my right of access to this document should I enroll in the MSSAA/Teachers²¹/MASCD/READS Collaborative Leadership Licensure Program – Superintendent Cohort.

Signature: _____ Date: _____

Name of Person Giving Referral: _____

To the Person Giving Referral: The individual named above has applied for admission to a certification program at MSSAA. Under the 1974 Family Educational Rights and Privacy Act, this applicant will have access to your recommendation unless he/she has waived that right in the space provided above.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please state your opinion of the applicant's probability of success as a professional pursuing a career as an Superintendent / Assistant Superintendent, on the following page. Comments relating to professional competence & leadership potential would be helpful. Thank you for taking the time to complete this reference.

Name of Applicant: _____

Rating Scale	
Outstanding	<i>Exceeds expectations; has demonstrated outstanding achievement and competence</i>
Above Average	<i>Meets above-average expectations; has demonstrated above-average achievement and competence</i>
Acceptable	<i>Meets average/normal expectations; has demonstrated limited average achievement and competence</i>
Unqualified	<i>Insufficient evidence to demonstrate competence</i>

	Unqualified	Acceptable	Above Average	Outstanding
Professional Competence				
Academic Ability				
Organizational Skills				
Leadership Ability or Potential				
Time Management Skills				
Interpersonal Skills				
Communications Skills				
Varied Educational Experiences				
Readiness for District Leadership Position				
OVERALL RATING				

STATEMENT ~ Please Attach Additional Sheets if Necessary

Please state your opinion of the applicant's probability of success as a professional pursuing a career as an educational leader. Comments relating to professional competence & leadership potential would be helpful. Thank you for taking the time to complete this reference.

Name of Applicant: _____

OVERALL RECOMMENDATION

OVERALL RECOMMENDATION

- Yes, I highly recommend for admission
- Yes, I recommend for admission
- Yes, with reservations
- No, I do not recommend for admission

Name of Person Writing Reference	Position	Date
Institution		
Address	Signature	
Telephone	Email	

For Superintendent only	I agree to support this candidate and provide opportunities to complete a 300-hour practicum experience during his/her LLP course of study. _____ (Signature & Date)
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Please Check Reference Type

Please mail or fax reference directly to:

**Leadership Licensure Program
c/o MSSAA
33 Forge Parkway
Franklin, MA 02038
Fax: (508) 541-9888**

- District Superintendent
- Other - colleague