

OKLAHOMA NEW SPECIAL EDUCATION DIRECTORS'
LEADERSHIP SUPPORT NETWORK
APPLICATION

NAME _____
District/Agency _____
Office Address _____
City _____ ZIP Code _____
Work Phone _____ Cell Phone _____
E-mail _____

Current Position (Please check the area below in which you work):

_____ Full-time special education director/Years as a director _____
_____ Other (Please state position) _____

Background:

_____ Degree(s) /Year Received _____
_____ Education Experience (include number of years for each position listed

Explain why it is important to you to participate in this Leadership Support Network:

Please read and sign below:

I, the undersigned, realize only a limited number of participants can be accepted for this Leadership Support Network and that attendance is required at all four Institute sessions. I agree to attend those Institute sessions and also to participate in the webinars and related BLOG discussions in which my supervisor and I believe that I will benefit.

Applicant's Signature _____ **Date** _____

I, the undersigned, realize only a limited number of participants can be accepted for this Leadership Support Network and attendance is required at all four Institute sessions. I agree _____ can be away from the district to attend the Institute sessions. I also agree that he/she will participate in the webinars and related BLOG discussions which there is a benefit for him/her.

Superintendent's or Designee's Signature _____

Date _____