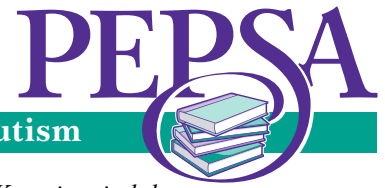




Second-Year Leadership Partner Application



Partnership for Effective Programs for Students with Autism

Please submit your completed application by mail or fax to your regional CARD center. Keep in mind that there are limited positions available and acceptance into the program will be competitive.

Part I. Applicant Information

School/Program Year Applying for:			
Name (first and last):			
Maiden Name:		Social Security Number:	
Title/ Position:		Type of Classroom:	
School Name or Work Location:			Total number of students you serve:
County or School District:			Number of students with autism:
School or Work Address	Street:		
	City:		Zip Code:
	School or Work Phone:	()	School or Work Fax: ()
Home Address	Street:		
	City:		Zip Code:
	Home Phone:	()	Cell Phone: ()
E-mail Address (Required):			

Part II. Narrative ****This section must be completed in order to be considered. **** Please answer briefly on a separate sheet of paper, and attach to this form.

1. What are the needs of teachers/families of students with autism in your district?
2. Briefly describe your first year project and the benefits you gained from your participation.
3. Describe the activities you may want to pursue through the Leadership Year (Note: These may be finalized after acceptance into the program and through negotiation with your supervisor or district coordinators.)

Part III. Commitment and Approval

I understand that this professional development opportunity requires the development of a collaborative relationship with a CARD professional and the implementation of teacher leadership practices in my school/district.

Applicant's Signature

Date

I approve of this teacher's application and look forward to supporting his/her efforts.

Principal/ Administrator's Signature

Date

I approve of this teacher's application and will support his/her efforts to build the capacity of other district personnel in providing exemplary programs to students with autism.

Principal/ Administrator's Signature

Date

For office use only:

Date Received:
