

The Academy for Teacher Leadership @ C.E.S.
Registration Form
(To be completed by nominating administrator)

Name of School: _____

Address: _____

City: _____ ZIP: _____

School District: _____

Name of Supporting Building Administrator: _____

Title: _____ Email address: _____

Names of teachers selected for participation in the 2019-20 Academy for Teacher Leadership:

1. _____

2. _____

Please attach brief responses to the following for each selected participant:

1. Identify one way the teacher's leadership skills have been a benefit to your school.
2. Write a brief statement describing the teacher leadership potential you see in this person.

For additional information, contact Esther Bobowick at (203)-365-8850 or bobowice@ces.k12.ct.us
40 Lindeman Drive, Trumbull, CT 06611. **Completed form is due at C.E.S. by 10-9-19 with purchase order or payment enclosed (made payable to C.E.S).**

The Academy for Teacher Leadership @ C.E.S.



It is the policy of Cooperative Educational Services that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program on account of their race, color, religious creed, age, marital or civil union status, national origin, sex, sexual orientation, gender identity or expression, ancestry, residence, present or past history of mental disorder, mental retardation, learning disability or physical disability including, but not limited to, blindness or pregnancy.

(To be completed by nominating administrator)

This is an agreement between _____ school district and the Academy for Teacher Leadership (ATL) sponsored by Cooperative Educational Services.

The school district agrees that:

1. The administrator will support the individual by providing opportunities for application of new learning and skills.
2. The administrator will not require attendance at any school or district meetings that conflict with the ATL scheduled training dates.
3. The administrator will attend the first and last sessions (October and March) with her/his nominee(s).
4. The participating school district will pay for the substitute costs (if necessary) of five days per year per teacher, and grant professional leave for teachers for all required days over the course of the year.
5. **Prior to the initial start-up of the ATL**, the participating school district will sent payment or Purchase Order to C.E.S. in the amount of \$550 for Leadership Institute member district/\$850 for Leadership Institute non-member district per teacher for the cost of the ATL @ C.E.S. due on October 9, 2019.

The Academy for Teacher Leadership agrees that:

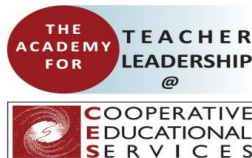
1. The selected teacher shall have opportunities to learn and practice new skills.
2. The selected teacher shall be involved in processes that support improved teacher effectiveness in the classroom and as a teacher leader within the school and district.
3. The selected teacher shall complete an assessment project to be discussed at the first session.
4. The selected teacher shall have the opportunity to network on a continuing basis with teachers and teams from their own and other districts to further their growth and impact on the profession of teaching.

Signature Teacher Applicant

Signature Principal

Form due to ATL @ C.E.S. by 10-9-19. Please return this copy with appropriate signatures. Copies of this form will be mailed to the principal and superintendent with a confirmation letter.

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The Academy for Teacher Leadership @ C.E.S.

Teacher Profile

(To be completed by the nominated teacher)

Dear Teacher:

We are excited about your interest in participating in the Academy for Teacher Leadership @ C.E.S.

To assist us in getting to know you better, please write a profile of your contributions, honors, awards, special projects, or committee work that are indicators of your current role as a teacher leader. (Use back of sheet or separate sheet).

(Completed profile is due to C.E.S. by 10-9-19).

Name: _____

Home Address: _____

City & State & Zip: _____

Home Phone: _____

Home email: _____

School: _____

School phone: _____

School fax: _____

School email: _____

For additional information, contact Esther Bobowick at (203)-365-8850 or bobowice@ces.k12.ct.us,
40 Lindeman Drive, Trumbull, CT 06611

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