



Superintendent's Assurance Form Educational Leadership Supervised Residency Specialist or Doctoral Level

- I understand the candidates who participate in the Leadership Supervised Residency for Initial Certification for Specialist or Doctoral Level must be in a leadership role or position as defined by the local system in partnership with the university.
- I understand leadership role carries with it no promise of a future leadership position and no promise of compensation beyond what the local board of education would customarily pay the incumbent in the leadership role; such assignment is made only for the purpose of allowing leadership program candidates to complete residency requirements as outlined in GaPSC Educator Preparation Rule 505-3-.58.
- I understand the candidates who participate in the Leadership Supervised Residency for Specialist or Doctoral Level shall apply the knowledge and practice and develop the skills identified in Standards/Elements 1-6 through substantial, sustained, standards-based work in real settings, planned and guided cooperatively by the institution and school district personnel for graduate credit.
- I understand a supervisor/building or system administrator or system designee shall be assigned to fulfill the responsibilities outlined in the Guidelines for the Leadership Supervised Residency for Initial Certification for Specialist or Doctoral Level.
- I understand the Candidate Support Team composed of the candidate, institution personnel, and the supervisor/building or system administrator or system designee shall be assigned to the candidates to fulfill the responsibilities outlines in the Guidelines for the Leadership Supervised Residency for Initial Certification for Specialist or Doctoral Level.
- I understand the details outlined in the University/School System/Regional Educational Service Agency Partnership Agreement for the Development of Educational Leaders and I support the local school system commitments.
- I am willing to grant and verify release time for candidates, if necessary (as specified in the Partnership Agreement).

(School System Name)

(Superintendent's Name)

(Superintendent's Signature / Date)

I understand the above mentioned role carries with it no promise of a future leadership position and no promise of compensation beyond what the local board of education would customarily pay the incumbent in the leadership role; such assignment is made only for the purpose of allowing leadership program candidates to complete residency requirements as outlined in GaPSC Educator Preparation Rule 505-3-.58.

(Candidate's Name)

Candidate's Signature / Date)

OPTIONAL INFORMATION

To Be Completed at the Discretion of School System

1. If the school system desires a representative to participate on the Candidate Support Team please complete the following information:

(Name)

(Title)

(Mailing Address—Street, City, State, Zip Code)

(Phone Number)

(E-mail Address)

2. If the school system chooses to select the candidate's supervisor/mentor please complete the following information:

(Name)

(Title)

(School Name-If applicable)

(Mailing Address—Street, City, State, Zip Code)

(Phone Number)

(E-mail Address)