



## APPLICATION

### Georgia Council of Administrators of Special Education (G-CASE) Special Education Administrator Development Academy

#### TEACHER APPLICANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

School/System: \_\_\_\_\_ Years in Education: \_\_\_\_\_

Position/Grade Level: \_\_\_\_\_

Principal: \_\_\_\_\_ Email: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Email: \_\_\_\_\_

#### System Approval

(to be signed by one or more authorizing administrators)

I have reviewed the information for the G-CASE Special Education Administrator Development Academy and understand the commitment required for this skill-building endeavor.

\_\_\_\_\_  
Administrator's Signature/Position/Date

To complete the application packet, the candidate should include a **short narrative** explaining career goals and leadership expectations from this Academy; as well as a **letter of support** from the principal, special education director, and superintendent/designee to

Sarah Burbach, G-CASE Executive Director at [sburbach@gael.org](mailto:sburbach@gael.org) by **April 15th**.