



APPLICATION

Georgia Council of Administrators of Special Education (G-CASE)

Special Education Administrator Development Academy

APPLICANT INFORMATION: Please Print

Name: _____ Date: _____

Home Address: _____

Cellphone: _____ Email: _____

School/System: _____ Years in Education: _____

Position/Grade Level: _____

Principal: _____ Email: _____

Director of Special Education: _____ Email: _____

System Approval

(to be signed by 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 **headshot**, a **short narrative** explaining career goals and leadership expectations from this Academy; and **two letters of support**: one from the principal, and one from the special education director, and forward to:*

*Sarah Burbach, G-CASE Executive Director, at sburbach@gael.org by **April 1, 2023**.*