

# SPCP Application Cohort 9 (2016-2017)

*Please print*

<p><b>Name</b> _____</p> <p style="text-align: center; font-size: small;">Last                                  First                                  Middle</p> <p><b>Address</b> _____</p> <p style="text-align: center; font-size: small;">Number, Street, Apartment Number</p> <p>_____</p> <p style="text-align: center; font-size: small;">City                                  State                                  ZIP</p> <p><b>E-mail 1</b> _____</p> <p><b>E-mail 2</b> _____</p>	<p><b>Social Security #</b> _____</p> <p><b>Home Phone</b> (      ) _____</p> <p><b>Other Phone</b> (      ) _____</p> <p><b>Are you a citizen of the United States?</b>          Yes ___ No ___ Visa status _____</p>
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**Texas certificates held (list all):** \_\_\_\_\_

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Name \_\_\_\_\_

**APPLICATION PROCESS**

1. Application and all required documentation **MUST** be received by the close of business on **Friday, May 27, 2016.**
2. Applicants are screened for minimum qualifications:
  - A. Master’s degree from an accredited institution with a 3.0 overall grade point average (4.0 scale)
  - B. Valid Texas Principal or Mid-Management certificate
  - C. Three years of district/campus leadership experience in Texas public schools
  - D. Three professional recommendations and a statement of support from school superintendent
  - E. Current employment in a Texas public school district, approved private school, or Education Service Center
3. All applicants meeting minimum qualifications are interviewed.
4. All applicants are notified of their acceptance or non-acceptance into the SPCP by June 24, 2016.  
**The decision of the selection committee is final and is not subject to appeal.**

**INFORMATION TO INCLUDE WITH APPLICATION:**  
 Please check the appropriate boxes below to indicate the items attached to your application.

- This completed application packet including Criminal History Record authorization
- One official transcript from **each** college/university that conferred a degree. Photocopies, facsimiles, or internet transcripts are not accepted. Foreign transcripts must include an official translation and course-by-course evaluation from an approved credential evaluation service.
- A copy of your school district service record
- A copy of your 2017-2017 school district contract
- A statement of support from your school superintendent
- Nonrefundable Application Fee (\$150). Applications will not be processed without payment. Make checks payable to Region 6 ESC.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I also understand that information contained in this application that later proves to be false or incomplete, shall result in sufficient cause for immediate dismissal from the Region 6 Education Service Center Superintendent Preparation and Certification Program. I understand that acceptance into the SPCP does not guarantee employment by a school district. I hereby authorize Region 6 ESC to release application information for employment purposes to local school districts.

**Equal Opportunity Policy**

Region 6 Education Service Center will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws, including Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the American Disabilities Act of 1990. The following person has been designated to handle inquiries regarding the non-discrimination policies: Deputy Director for Instructional Services (936) 435-8400.

**NOTE:** The contents of this application are not intended to create any contractual or other legal rights and are designed solely as a guide for applicants to the Superintendent Preparation and Certification Program.

**Date:** \_\_\_\_\_ **Legal Signature of Applicant:** \_\_\_\_\_

**APPLICATION DEADLINE  
 FRIDAY, MAY 27, 2016**

**RETURN APPLICATION AND RELATED DOCUMENTS TO:**  
**Superintendent Preparation and Certification Program**  
 Region 6 Education Service Center  
 3332 Montgomery Road  
 Huntsville, TX 77340-6499





**SUPERINTENDENT PREPARATION AND CERTIFICATION PROGRAM**  
 Region 6 Education Service Center  
 3332 Montgomery Rd. • Huntsville, TX 77340  
 (936) 435-8301 • fax (936) 435-8467

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK  
 IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

The Region 6 Education Service Center obtains criminal history information on applicants that are being considered for the Superintendent Preparation and Certification Program. The information requested below is necessary to obtain criminal history record information. Anonymous gender and ethnicity demographics are also required for state and federal program accountability reports.

Last Name	First Name	Middle Name or Initial	
Maiden/other name(s) used in any/all other records of birth or records of residence		E-mail Address	
* Address		Apartment or #	
City	County	State	ZIP
** Date of Birth	Social Security Number	** Gender	**Race

**\* AS SHOWN ON THE ORIGINAL APPLICATION**  
**\*\* TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT PART OF THE PERSONNEL FILE**

I, \_\_\_\_\_, am an applicant for employment/volunteerism/participation with Region 6 ESC and have been advised that as a part of the application process, the ESC conducts a criminal history background check. I do hereby consent to the ESC use of any information provided during the application process in performing the criminal history check. The ESC has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteerism/participation. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the ESC. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1.    \_\_\_\_\_ YES    \_\_\_\_\_ NO    Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors.) If yes, please provide details below.  
  
       State: \_\_\_\_\_                      County: \_\_\_\_\_                      Date of Offense: \_\_\_ / \_\_\_ / \_\_\_  
       Details of conviction: \_\_\_\_\_  
       \_\_\_\_\_  
       \_\_\_\_\_
  
2.    \_\_\_\_\_ YES    \_\_\_\_\_ NO    Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.  
  
       State: \_\_\_\_\_                      County: \_\_\_\_\_                      Date of Offense: \_\_\_ / \_\_\_ / \_\_\_  
       Details of conviction: \_\_\_\_\_  
       \_\_\_\_\_  
       \_\_\_\_\_

3. \_\_\_\_\_ YES \_\_\_\_\_ NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details of supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_ YES \_\_\_\_\_ NO Have you ever been convicted of any criminal offense outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ YES \_\_\_\_\_ NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details of pending charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM/PARTICIPATION WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EDUCATION SERVICE CENTER.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

The U.S. Department of Education requires that ethnicity and race be collected separately using a specific two-part question, presented in a specific order. Respondents may select only one category for ethnicity, but may select multiple designations for race. Both parts of the question must be answered.

Please self-identify your own ethnicity and race. If you decline to provide this information, the SPCP will employ observer identification as a last resort to gather the information.

Thank you for your assistance with this data collection.

**TEXAS EDUCATION AGENCY  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including Central America).
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number  
(last four digits of social security number)

\_\_\_\_\_  
Date



**SUPERINTENDENT PREPARATION AND  
CERTIFICATION PROGRAM**  
Region 6 Education Service Center  
3332 Montgomery Rd. • Huntsville, TX 77340  
(936) 435-8293 • fax (936) 435-8467

## **SUPERINTENDENT STATEMENT OF SUPPORT for:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant's Name*

The above named applicant is being considered for admission to the Superintendent Preparation and Certification Program (SPCP) at the Region 6 Education Service Center.

Participation in the SPCP requires a high level of school district cooperation. Your signature indicates your willingness to serve as the mentor superintendent, your support for the applicant, and your commitment to provide the applicant opportunities to:

- assist with the district management and leadership activities, including taking on leadership roles;
- attend state events, such as the TASA Mid-Winter Conference, and the TASA Aspiring Superintendents' Academy; and
- attend the ESC 6 or ESC 12 regional superintendents' meetings.

Signature \_\_\_\_\_

Position \_\_\_\_\_

Type or print name \_\_\_\_\_

District \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_



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**PROFESSIONAL RECOMMENDATION  
 for:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant's Name*

The above named applicant has selected you as a source of reference. Your evaluation of the applicant's qualifications is appreciated.

Check appropriate column for each item below	Superior	Above average	Fair	Poor	Do Not Know	Comments
Leadership skills						
Ability to present ideas						
Work habits						
Professional attitude						
Rapport with peers						
Resourcefulness						
Reliability						
Cooperation						
Professional appearance						
Enthusiasm						
Other:						

*Please make any additional comments you feel would be helpful to the committee considering this applicant:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_  
 Type or print name \_\_\_\_\_

Position \_\_\_\_\_  
 Firm/District \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_

**Please return this recommendation to:**  
**Superintendent Preparation and  
 Certification Program**  
 Region 6 Education Service Center  
 3332 Montgomery Road  
 Huntsville, TX 77340-6499

**PLEASE RETURN THIS FORM BEFORE MAY 27, 2016**



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Resourcefulness						
Reliability						
Cooperation						
Professional appearance						
Enthusiasm						
Other:						

*Please make any additional comments you feel would be helpful to the committee considering this applicant:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_  
 Type or print name \_\_\_\_\_

Position \_\_\_\_\_  
 Firm/District \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_

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Rapport with peers						
Resourcefulness						
Reliability						
Cooperation						
Professional appearance						
Enthusiasm						
Other:						

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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_  
 Type or print name \_\_\_\_\_

Position \_\_\_\_\_  
 Firm/District \_\_\_\_\_  
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