

New York State Superintendent Development Program

Associate's Program Record

Associates must complete all program components to complete the program and receive a final grade. Submit a signed copy to the Program Administrator at the Mid-Year Session and a final signed copy at the Culminating Session.

Associate's Name: _____

Team: _____

TEAM INTERVIEWS OF SUPERINTENDENTS: *Minimum of three in the first three months and total of at least six prior to the Mid-Year Session.*

1. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

2. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

3. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

4. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

5. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

6. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

7. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

8. Superintendent: _____ Interview Date: _____

District: _____ # of Team Members Present: _____

TEAM RECORD OF AUTHENTIC ISSUES: *One by Mid-Year – Minimum of Two*

1. Central Question: _____

Superintendent: _____ Start Date: _____

District: _____ End Date: _____

2. Central Question: _____

Superintendent: _____ Start Date: _____

District: _____ End Date: _____

3. Central Question: _____

Superintendent: _____ Start Date: _____

District: _____ End Date: _____

4. Central Question: _____

Superintendent: _____ Start Date: _____

District: _____ End Date: _____

TEAM THREE PART BOARD MEETING: *After May 1 and prior to the Mid-Year Session.*

Superintendent: _____

District: _____

1st Meeting Date: _____ Board Meeting Date: _____ 3rd Meeting Date: _____

1st ASSOCIATE REFLECTION: *by May 1*

Date Submitted: _____

ASSOCIATE'S MID-YEAR CRITIQUE WITH TEAM FACULTY: *Prior to the Mid-Year Session*

Date of Critique: _____

DISTRICT SCAN AND ENTRY PLAN: *Prior to the Culminating Session*

Name of School District: _____

Date Completed: _____

ASSOCIATE SCREENING INTERVIEWS: *Minimum of two interviews*

Interviewer: _____ Title: _____ Date of Interview: _____

Interviewer: _____ Title: _____ Date of Interview: _____

Interviewer: _____ Title: _____ Date of Interview: _____

2nd ASSOCIATE REFLECTION: *by August 1*

Date Submitted: _____

REWRITE OF EDUCATIONAL PLATFORMS: *Two weeks prior of Culminating Session*

Date Submitted: _____

ASSOCIATE'S FINAL CRITIQUE WITH TEAM FACULTY: *In the month prior to the Culminating Session*

Date of Critique: _____

CERTIFICATIONS:

Mid-Year

I hereby certify that I have completed SDP components as indicated above and required by the Mid-Year Session.

Associate's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Final (Culminating)

I hereby certify that I have completed SDP components as indicated above and required prior to the Culminating Session.

Associate's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____