



ASELI

Aspiring Special Education Leadership Institute

Hello! Thank you for your interest in ASEL I Cohort #3!

By applying for the ASEL I program, you and your supervisor understand the requirements of this program:

- 1. attend meetings once a month (typically the 2nd Thursday of the month)*
- 2. in collaboration with your mentor, keep a professional and vocabulary log*
- 3. attend the Fall ICASE Conference and the Spring ICASE Conference (Registration fees will be covered by the ASEL I grant.)*
- 4. engage in discussions during the High Leverage Practices sessions*
- 5. read assigned readings each month*
- 6. protect the identification of students, parents, and staff involved in real life discussions and professional log entries.*

ASELI participants who are chosen for this program will be compensated \$3,000, paid in 2 installments. If substitute teachers are necessary in order for you to attend, ASEL I will reimburse the school corporation a daily rate of \$100.

APPLICANT INFORMATION

Name: _____

Email: _____

Mobile Phone: _____ Work Phone: _____

Home Address: _____

Work Location and School Division: _____

Current Assignment: _____

Yrs of Experience in Current Assignment: _____ Yrs of Educational Experience: _____

Highest Degree Earned: _____

Licenses Held In Indiana: _____

APPLICANT STATEMENT & RESUME

Briefly give an example of when you personally overcame a diverse, equity, or inclusion situation.

ATTACHMENTS REQUIRED:

1. Develop and attach a statement (500 words or less) indicating why you are interested in participating in this leadership institute. Discuss your beliefs, abilities and leadership experiences.
2. Attach a current résumé listing formal education including degree(s) earned, work experiences related to special education, administration, professional and civic activities, and other pertinent information.
3. Attach at least one dated letter of recommendation / support from your supervisor, director of special education or superintendent for this program
4. Review and sign the [Expectations document](#).

Superintendent or Designee: _____

Special Education Director: _____

By typing your name, you certify that the information you are providing is complete and true to the best of your knowledge.

Please email your application and supporting documents to: aseli.indiana@gmail.com