



Special Education for Administrators AQ  
Course Instructor Application Form

**Part A: Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Ontario College of Teachers #: \_\_\_\_\_

**Please choose one of the following:**

I am a CPCO Practising Associate     I am a CPCO Non-Practising Associate

I agree, that upon this position being offered to me, I will become a CPCO Non-Practising Associate. Click [here](#) to access the application form.

*Address to which all correspondence should be forwarded:*

Street: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (home) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of School (or office): \_\_\_\_\_ Board: \_\_\_\_\_

**Part B: Professional Qualifications and Experience**

Divisional Areas of Concentration:

Primary     Junior     Intermediate     Senior

Specialist Qualifications:

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

Do you Hold Principal's Qualifications?  YES (Year: \_\_\_\_\_)  No

Do you hold Supervisory Officer Qualifications?  Yes (Year: \_\_\_\_\_)  No

Please email your completed form and reference letter to Vanessa Kellow [vkellow@cpco.on.ca](mailto:vkellow@cpco.on.ca)



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Part C. Academic Qualifications

	Degree	Date Conferred	University	Major
1.				
2.				
3.				

Part D: Experience in Special Education (role/position)


Part E: Evidence of life-long learning as related to leadership and Special Education within Catholic Communities (workshops, conferences, Courses, mentoring/coaching experience)

Topic	Date	Description

Part F: Evidence of leading adult learning

Topic	Date	Description

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Part G: Please summarize your experience with teaching administration and leadership in Special Education


Part H: Experience using technology for collaboration, leadership and learning

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Part I: Please articulate your vision for supporting students with special needs and Catholic education in 200 words or less

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Office Use Only

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Confirmation of receipt sent:  Yes  No Interview Granted:  Yes  No

Interview Date: \_\_\_\_\_ Position Offered:  Yes  Position Accepted  Position declined

Notes:

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