

*Superintendent Development Program*

**Associate's Program Record**

**Associate's must complete all program components to complete the SDP and receive a final grade.**

**Record activities in which you directly (personally) participate.**

**Submit a signed copy to the Executive Program Administrator at the Mid-Year Session**

**Submit a signed copy to the Executive Program Administrator at the Culminating Session**

**ASSOCIATE'S NAME:** \_\_\_\_\_ **TEAM:** \_\_\_\_\_

**SDP REGION:** \_\_\_\_\_

**TEAM INTERVIEWS OF SUPERINTENDENTS:** *Minimum of 6*

*Minimum of 3 in the first three months, 6 prior to the Mid-Year Session*

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Number of team members present: \_\_\_\_\_ Length of interview (minutes): \_\_\_\_\_

**TEAM RECORD OF AUTHENTIC SUPERINTENT-LEVEL ISSUES:**

*One by mid-year - minimum of 2*

**1. Central Question:** \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date Reflection Submitted: \_\_\_\_\_

**2. Central Question:** \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date Reflection Submitted: \_\_\_\_\_

**3. Central Question:** \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date Reflection Submitted: \_\_\_\_\_

**4. Central Question:** \_\_\_\_\_

Superintendent: \_\_\_\_\_ District: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**ASSOCIATE REFLECTIONS:**

*One by May 1 – One by August 1*

Date May 1 Associate Reflection Submitted: \_\_\_\_\_

Date August 1 Associate Reflection Submitted: \_\_\_\_\_

**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: \_\_\_\_\_

**ASSOCIATE / FACULTY MID-YEAR CRITIQUE:** *In month prior to Mid-Year Session*

**Associate's Mid-Year Critique with Cohort Faculty - Date:** \_\_\_\_\_

**DISTRICT SCAN AND ENTRY PLAN:**

**Team Scan and Entry Plan - *In the first two months after Mid-Year Session***  
**(to be completed within a two week period)**

Name of School District: \_\_\_\_\_ Date Completed: \_\_\_\_\_

BOCES: \_\_\_\_\_ Vacant when scanned? YES \_\_\_\_\_ NO \_\_\_\_\_

**Individual Scan and Entry Plan**

*In the month prior to the Culminating Session unless applying for a superintendency on the district's timeline*

Name of School District: \_\_\_\_\_ Date Completed: \_\_\_\_\_

BOCES: \_\_\_\_\_ Vacant when scanned? YES \_\_\_\_\_ NO \_\_\_\_\_

**ASSOCIATE SCREENING INTERVIEWS:** *Superintendency resume and a minimum of two interviews*

Resume: Superintendency resume to college faculty, program administrator, and team faculty.

Date resume submitted: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Interview Date: \_\_\_\_\_

**ASSOCIATE / FACULTY FINAL CRITIQUE:** *In the month prior to Culminating Session*

**Rewrite Educational Platforms** - copies submitted to college faculty, program administrator, and team faculty by October 15 or prior to the scheduled final critique (whichever is earlier).

Date submitted: \_\_\_\_\_

Copies of the **Retaking of the SDP Superintendent's Inventory and Post Program SDP Administrator's Inventory Matrix** submitted to college faculty, program administrator, and team faculty by October 15 or prior to the scheduled final critique (whichever is earlier).

Date submitted: \_\_\_\_\_

**Associate's List of Strengths and Weaknesses Relative to the Superintendency.**

Date submitted: \_\_\_\_\_

**Associate's Final Critique with Cohort Faculty - Date:** \_\_\_\_\_

## **CERTIFICATIONS**

### **MID-YEAR**

I hereby certify that the above is an accurate record of my completion of the indicated SDP components.

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CULMINATING**

I hereby certify that the above is an accurate record of my completion of the indicated SDP components.

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_