

Dear Educational Leader:

The Georgia School Superintendents Association (GSSA) is proud to sponsor an exciting, innovative and challenging leadership program. The **District Office Professional Development Program** will get underway in September, 2024 and will be made available through statewide cohorts and individual school systems at the request of the superintendent or RESA Director.

A one-year program, the District Office Professional Development Program is targeted for members of the superintendent's central office staff and principals. Typically, these leaders demonstrate high levels of proficiency in their area of expertise, which may include: curriculum and instruction, human resources, finance, professional learning, operations, student services and/or school leadership. While individual responsibilities of district office and school leaders differ, research indicates that when district and school leaders function as a cohesive unit they add value to the district by impacting student achievement and organizational effectiveness.

Minimum requirements for entry into the District Office Professional Development Program include the possession of the, L-5/PL-5 certificate and/or other appropriate job credentials, three or more years of satisfactory experience as an educational leader, and two professional recommendations. This program is designed to support individual leader professional growth goals and is aligned to the Leader Keys Effectiveness System. GSSA and program participants share the cost of the program. Applicants pay a \$500 application fee, which helps defray a portion of the cost of assessment activities. This fee is refunded if the applicant is not selected. Annual tuition is \$2,500, payable in two installments of \$1,250 due each September and January of the program's duration.

Persons interested in applying will find a confidential application from the Georgia School Superintendents Association by visiting our website at www.gssaweb.org. (Please note that nomination forms are also available on the site, for anyone who wishes to nominate an individual to the District Office Professional Development Program.) The application includes a request for recommendations by two individuals thoroughly familiar with the applicant, both personally and professionally. Additionally, the endorsement of the applicant's system superintendent is required. The deadline for submission of applications is Friday, August 2, 2024.

A committee selected by GSSA will choose the program participants. Individuals chosen for participation will be notified by August 9, 2024. Please refer to the contact information below if you have further questions about the program.

Best wishes in your application process!

Sincerely,



Keith Porter
GSSA Professional Development Director
klporter112@gmail.com



Date	Day	Time	Topic	Contact Hours	LKES:LAPS Standards
9.27.24 9.28.24	Friday Saturday	8:00am-5:00pm 8:00am-12:00pm	Orientation <ul style="list-style-type: none"> • DOPDP Overview • Personal Assessment • Professional Standards of the Superintendency • DOPDP Alumni Panel Perspectives 	12	ALL
10.18.24 10.19.24	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Interpersonal Leadership: Abilities & Skills	14	SL: 2. SC PC: 7.P & 8. CCR
11.8.24 11.9.24	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Strategic Leadership: Vision & Direction	14	SL: 1. IL OL: 3. PA & 4. OM
12.6.24 12.7.24	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Interpersonal Leadership: Followership & Emotional Intelligence	14	SL: 2. SC HRM: 5. HRM & 6. TSE PC: 7. P & 8. CCR
1.24.25 1.25.25	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Organizational Leadership: Alignment, Structures & Fiscal Resources	14	SL: 1. IL OL: 3. PA & 4. OM HRM: 5. HRM
2.7.25 2.8.25	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Organizational Leadership: Talent Management & Accountability	14	SL: 1. IL OL: 4. OM HRM: 5. HRM & 6. TSE
3.21.25 3.22.25	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Change Leadership	14	SL: 1. IL OL: 3. PA & 4. OM HRM: 5. HRM PC: 8. CCR
4.25.25 4.26.25	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Interpersonal Leadership: Ethical Leadership	14	SL: 2. IL OL: 3. PA HRM: 5. HRM & 6. TSE PC: 7. P & CCR
5.16.25 5.17.25	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	Strategic Leadership: Continuous Improvement	12	SL: 1. IL OL: 3. PA & 4. OM HRM: 5. HRM & 6. TSE PC: 8. CCR
5.30.25 5.31.25	Friday Saturday	8:00am-5:00pm 8:00am-5:00pm	District Office Leadership Plan Presentation	8	ALL

Each of the GSSA programs are evaluated by the participants and GSSA staff for subject relevance, professional impact, and level of participant engagement. Since the evaluation data are compiled at the conclusion of the programs, the topics listed could change in response to the information as well as adjustments to the order of the topics. Upon acceptance into the program, you will be provided an updated schedule. However, you can plan on using the dates listed. The dates should not change.



District Office Professional Development Program

Directions:

- Read the entire application carefully prior to completing.
- Be thorough, yet concise, and use only the space provided.
- Complete the application form and the one-page resumé form. Additional resumé pages will not be considered.
- Print both forms; sign the application form; secure your superintendent’s signature, scan and email to Keith Porter at klporter112@gmail.com.
- Print the confidential recommendation form and submit to the individuals familiar with your work as a leader. **The recommendation form must be received by August 2, 2024.**

Name: _____
 Last First MI

Position/Title: _____

School System: _____

Business

Address: _____
 Street City State/Zip County

Home

Address: _____
 Street City State/Zip County

Contact

Information: _____
 Business Phone Cell Phone Preferred Email

Certificate Type/Level: _____

Total years experience as a school and/or system leader: _____

Superintendent Endorsement:

If selected, I endorse the participation of _____,
 and confirm that the District Office Professional Development Program supports his/her performance goals.

Superintendent Signature

Date

1. **If a member of your current staff or department were interviewed, how might they describe you as a leader?**

2. **What interests or excites you about serving as a district office leader?**

3. What are three leadership accomplishments you have achieved in your school system or school? Describe how you succeeded.

Applicant Signature

Date

Selection Process:

A committee selected by GSSA will choose the participants.

Please submit the application and reumé form by August 2, 2024.

The confidential recommendation form must be submitted by August 2, 2024.

All applicants will be notified of their enrollment status by August 9, 2024.

District Office Professional Development Program

Attn: Keith Porter

klporter112@gmail.com

5805 Buruss Road Cumming, GA 30028

District Office Professional Development Program - Resumé Form

Name: _____

Address: _____

Education:

Institution	Degree	Graduated

Leadership Work History:

Position	System	From/To	Immediate Supervisor

Professional/ Civic Organizations:

Professional/ Civic Recognitions/ Awards:

District Office Professional Development Program

Confidential Recommendation Form



Instructions for DOPDP Applicant:

- Download and save a blank copy of the Confidential Recommendation Form.
- Forward the blank copy electronically to the individual who will complete the recommendation for you.

OR

- Ask the person recommending you to the District Office Professional Development Program to access the Confidential Recommendation Form on the GSSA website, www.gssaweb.org.

Instructions for the Individual Making Recommendation:

1. Use the space below to describe the professional and personal attributes of the individual you are recommending to the District Office Professional Development Program.
2. Describe the qualities that, in your opinion, enable him/her to be a successful district office leader.
3. Once the recommendation is completed, scan the confidential recommendation form and email it to Keith Porter at klporter112@gmail.com.

Name of DOPDP applicant and school district: _____

Name of individual making recommendation

and school district: _____

Please return this form within 10 days of receipt, and not later than Friday, August 2, 2024.

District Office Professional Development Program

Attn: Keith Porter

klporter112@gmail.com

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