



Los Angeles County
Office of Education

Region 11: Expanded Learning Technical Assistance Unit

**Site Coordinator and Program Director
Leadership Development Institute**



Expanded Learning
Technical Assistance Unit

DEADLINE: October 2, 2020 –OR– when maximum capacity is reached This application **MUST BE TYPED**. Handwritten applications will **NOT** be accepted.

Email to: Gevedon_Sue@lacoedu

1. PERSONAL INFORMATION			
NAME OF APPLICANT <i>(Last, First, Middle Initial)</i>		WHAT DISTRICT/GRANTEE DO YOU SERVE AS A SITE COORDINATOR OR PROGRAM DIRECTOR?	
EMPLOYER NAME		NAME OF SITE WHERE YOU ARE CURRENTLY SITE COORDINATOR <i>(for Site Coordinators only)</i>	
OFFICE TELEPHONE NUMBER ()	CELL TELEPHONE NUMBER ()	EMAIL ADDRESS	
NUMBER OF YEARS WORKING AS A SITE COORDINATOR OR PROGRAM DIRECTOR		EDUCATION/DEGREE EARNED <i>(Note if you are currently enrolled in school)</i>	
2. PROGRAM INFORMATION			
GRANTEE NAME <i>(i.e., District, City, CBO, Independent, Charter)</i>			
NO. OF SITE STAFF YOU CURRENTLY SUPERVISE <i>(for Site Coordinators only)</i>	NO. OF STUDENTS CURRENTLY ATTENDING YOUR PROGRAM <i>(for Site Coordinators only)</i>	PERCENTAGE OF STUDENTS ATTENDANCE GOAL REACHED LAST YEAR <i>(for Site Coordinators only)</i>	
PRIMARY FUNDING SOURCES <i>(check all that apply)</i> <input type="checkbox"/> ASES <input type="checkbox"/> 21st CCLC			
GRADE LEVELS YOUR SITE SERVES <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> K-8			
NAME OF PROGRAM DIRECTOR OR IMMEDIATE SUPERVISOR <i>(Last, First, Middle Initial)</i>			
OFFICE TELEPHONE NUMBER ()	CELL TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS
SIGNATURE OF IMMEDIATE SUPERVISOR <i>(person listed above)</i>			
NAME OF DISTRICT GRANT MANAGER/ORGANIZATION EXECUTIVE DIRECTOR <i>(Last, First, Middle Initial)</i>			
OFFICE TELEPHONE NUMBER ()	CELL TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS
SIGNATURE OF DISTRICT GRANT MANAGER/ORGANIZATION EXECUTIVE DIRECTOR			
3. PLEASE RESPOND BRIEFLY TO THE FOLLOWING			
a) Your three (3) greatest strengths as a Site Coordinator or Program Director (GLOWS)			
b) Two (2) to three (3) challenges you face personally as a Site Coordinator or Program Director that you want to improve (GROWS).			

3. PLEASE RESPOND BRIEFLY TO THE FOLLOWING — continued

c) Describe the qualities that you believe demonstrate your potential to succeed as an outstanding Site Coordinator or Program Director.

d) Briefly explain why you are interested in being chosen to participate in the Site Coord. and Program Director Leadership Development Institute.

e) Describe how you believe you will benefit from being in this project.

f) List the name and contact information for the appropriate ranking supervisor who approved the submission of your application to participate.

NAME (*Last, First, Middle Initial*) _____

EMAIL ADDRESS _____

OFFICE PHONE # () _____

4. COMMITMENT

I have reviewed the dates and commitments included in the information package and am willing to commit to meeting these.

SIGNATURE

5. PROFESSIONAL REFERENCE (*must include your immediate supervisor*)

REFERENCE 1: NAME (<i>Last, First, Middle Initial</i>)	POSITION
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DISTRICT/ORGANIZATION

OFFICE TELEPHONE NUMBER ()	CELL TELEPHONE NUMBER ()	EMAIL ADDRESS
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REFERENCE 2: NAME (<i>Last, First, Middle Initial</i>)	POSITION
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DISTRICT/ORGANIZATION

OFFICE TELEPHONE NUMBER ()	CELL TELEPHONE NUMBER ()	EMAIL ADDRESS
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