

**EASTERN ONTARIO STAFF DEVELOPMENT NETWORK  
SUPERVISORY OFFICER'S QUALIFICATION PROGRAM  
THE LEADERSHIP PRACTICUM**

**REGISTRATION FORM**

**Submit to:**

**Barb Fraser-Stiff, Practicum Coordinator**

[barb.fraserstiff@gmail.com](mailto:barb.fraserstiff@gmail.com) Tel: 613-328-4346

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

Board/School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ Fax: \_\_\_\_\_ (Work)

Telephone (Home) \_\_\_\_\_ Email: \_\_\_\_\_

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

Board/Educational Institution: \_\_\_\_\_

Address (Business): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Leadership Practicum Information**

Practicum Topic: \_\_\_\_\_

Date of Approval in Principle: \_\_\_\_\_

Signature of Practicum Coordinator: \_\_\_\_\_

**The Eastern Ontario Staff Development Network**

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