



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

**LEADERSHIP PRACTICUM PROPOSAL/AGREEMENT**

1. This form is to be completed by the candidate with input from the mentor and advice from the Practicum Coordinator as needed.
2. The form must be submitted to and approved by the Practicum Coordinator before the project begins.
3. Once approved, this form functions as a shared agreement among the candidate, the mentor, and the EOSDN as program provider.

Submit to: **David Fox, Practicum Coordinator**  
[cedarlanesolutions@bell.net](mailto:cedarlanesolutions@bell.net) Tel: 613-476-4879

**Section A: Candidate and Mentor Information**

**Candidate's Name:** \_\_\_\_\_

Position: \_\_\_\_\_ Work Location: (Board/School) \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Candidate's E-mail: \_\_\_\_\_

**Mentor's Name:** \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mentor's E-mail: \_\_\_\_\_

## Section B: Leadership Practicum Project Proposal

1. Title and brief description of the leadership project proposal.

2. Objectives and relevancy to the supervisory officer's role and system work.

3. Anticipated benefits of this project for the candidate and the system.

4. Opportunities for candidate to integrate knowledge/skills and have new learning.



5. Legislation, policy, research, stakeholder groups related to the project.

6. Selected Supervisory Officer Qualification Program Expectations for assessment and evaluation of the leadership project.

Proposal submitted by:

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**

Proposal Supported by:

\_\_\_\_\_  
**Mentor's Signature**

\_\_\_\_\_  
**Date**

Proposal approved by:

\_\_\_\_\_  
**Practicum Coordinator's Signature**

\_\_\_\_\_  
**Date**