



EASTERN ONTARIO STAFF DEVELOPMENT NETWORK

**SUPERVISORY OFFICER'S QUALIFICATION PROGRAM
THE LEADERSHIP PRACTICUM**

REGISTRATION FORM

Submit to:

David Fox, Practicum Coordinator

cedarlanesolutions@bell.net Tel: 613-476-4879

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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