Application for Supervision Institute – 2024

Sponsored by the Montana Association of School Psychologists

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| Name (Last, First):   |
| Home Address:  |
| Mailing Address (where you would like materials sent): |
| School District or Cooperative: |
| District or Cooperative Director: |
| CSPD Region: |
| Preferred Contact Number: |
| Email Address:  |
| Montana Class 6 License Number: |
| Current MASP Member? Yes  No Current NASP Member?  Yes  No |
| Years Experience as a School Psychologist: Years in Your Current Position:  |
| Previous Experience as a Supervisor of School Psychologists?  Yes  NoIf yes, please describe: |
| Would you be willing to provide supervision to a Class 5 School Psychologist in your region? |
| If known, please provide the name of any current or potential Class 5 applicant that you will be supervising:   |

I certify that if I am accepted and agree to attend that I will be available to participate in the Supervision Institute in its entirety on

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inquiries and completed applications can be emailed to Shawna Rader Kelly at:

shawna.rader@gmail.com

*Applications are due by April 26th, 2024. Successful applicants will be notified no later than May 1st, 2024.*