

**Louisiana School Turnaround Specialist Program
Cohort IV Justification for Nomination (Form 1)**

Directions: The Superintendent should use this form to justify/explain the following: Why the principal being nominated to participate in the LSTS Program should be considered. In addition to being in Academic Assistance, what specifically makes the targeted school, its students and faculty appropriate for this program? How will participation in the LSTS benefit the district?

Principal's Name:

School Name:

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**Louisiana School Turnaround Specialist Program
Cohort IV Applicant History (Form 2)**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., III, etc.)
District Name		School Name	
School Mailing Address (Street, City, State, Zip Code)			
Daytime Telephone Number ()	Home Telephone Number ()	E-mail Address	

ADMINISTRATIVE EXPERIENCE

Name of School	Location	Dates of Employment (Month/Year to Month/Year)	Grade Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATIONAL HISTORY

Degree	University	Year Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>

LEADERSHIP ABILITY

Courageous leadership is vital to turning around failing schools. Please explain why you and others consider you to be a courageous educational leader. Response must be typed, double-spaced, and a maximum of two pages.

**Louisiana School Turnaround Specialist Program
Cohort IV Letters of Recommendation (Form 3)**

Submit three (3) letters of recommendation from individuals capable of commenting on your qualifications as an effective and courageous educational leader. Letters of recommendation should be attached to this form, limited to 1 page, typed, and double-spaced. Please complete the information below for each person submitting a letter of recommendation.

Applicant's Name: _____

Recommendation I			
Name of person submitting letter of recommendation			
Position/Title			
Phone Number		E-mail	
Recommendation II			
Name of person submitting letter of recommendation			
Position/Title			
Phone Number		E-mail	
Recommendation III			
Name of person submitting letter of recommendation			
Position/Title			
Phone Number		E-mail	

**Louisiana School Turnaround Specialist Program
Cohort IV Support for Degrees of Autonomy (Form 4)**

Directions: Research shows that support from the district administration is essential for principals working to turn around failing schools. Specifically, the ability of the district to support increased degrees of autonomy at the school level can positively impact the success of the turnaround school and principal. Please draft a response indicating how you might be able to support increased autonomy in the following areas:

Superintendent's Name:	School Name: Principal's Name:
<ol style="list-style-type: none">1. The principal's placement of personnel at the school level to maximize overall school improvement efforts, as well as addressing staffing needs unique to the school,2. Support for the principal's efforts to improve discipline, attendance, time on-task, and implementation of alternative instructional strategies and remediation programs, and3. Strategies to reduce pupil-to-teacher ratios, particularly at critical grade levels.	