



# The Illinois Parent Leadership Institute

## APPLICATION FORM Registration deadline: March 19, 2010



### Who participates?

Participation in the Parent Leadership Institute is open to all parents, grandparents and guardians who have or have had children in Illinois public schools. Participation is also open to teachers, administrators, mentors, and others who want to improve student outcomes in our public schools.

### Participants will:

- Enhance your leadership & communication skills
- Learn about the public education system in the state of Illinois
- Receive and learn how to read and understand the test data from your school and district
- Learn about achievement gaps in our schools
- Partner with your school administrators, teachers, and other parents to improve student achievement
- Connect to an existing network of committed parents & community leaders
- Commit to attend and complete the 2-day session
- Commit to leading at least one project in a school or community
- Receive support and coaching as you plan and implement your project
- Maintain an ongoing two year connection with the Parent and Educator Partnership

### To attend:

- Fill out the forms
- Send your application and reference to:

Parent and Educator Partnership  
Parent Leadership Institute  
25 S. Washington St., Suite 106  
Naperville, IL 60540

Or Fax: 630-428-4055  
Or Email: [kkuniej@sased.org](mailto:kkuniej@sased.org)

This form can also be accessed on our web site: [www.pepartnership.org](http://www.pepartnership.org)

### 2010 INSTITUTE LOCATION and DATES:

**Marriott Bloomington-Normal Conference Center  
201 Broadway Avenue  
Normal, IL 61761**

**Monday, April 12, 9:30 am (Registration begins) - 7:30 pm  
Tuesday, April 13, 8:30 am – 3:30 pm**

**THE PARENT AND EDUCATOR PARTNERSHIP  
PARENT LEADERSHIP INSTITUTE  
REGISTRATION FORM**

<b>Name</b>	
<b>Home Address</b> Street Address City, State, Zip	
<b>Home Phone</b> <b>Work Phone</b> (Circle where you would like to be contacted.)	
<b>Email</b>	
<b>Emergency contact &amp; phone number</b>	
<b>Employment (Current)</b>	
<b>Race/ethnic origin (optional)</b>	

**PERSONAL COMMITMENT**

I understand that participation in the Parent and Educator Partnership’s Parent Leadership Institute requires attendance for both days of the two-day training, a commitment to work with my school to plan and implement a Parent and Teachers Talking Together (PT3) project designed to impact student achievement.

If space is available for me in this program, I agree to participate in both days of training and conduct at least one PT3 project.

\_\_\_\_\_

**Your Signature**

\_\_\_\_\_

**Date**

**VOLUNTEER EXPERIENCE:**

Are you involved with?	Yes	No	Role
School Board			
School Committees			
Church/Scouts etc.			
PTA/PTO			
Community Council			
Public Service Committee			
Other			
Other			

**Please tell us about your children:**

Name	Age	Grade	Current School	School will attend in Fall 2011

**The following list indicates leadership characteristics.**

Indicate your thoughts about your own leadership by using the scale below. Check the number that best represents YOUR response to each item.

4-definitely me; 3-often me; 2-a little like me; 1-not me at all.

Statement	4	3	2	1
I know nothing important gets done alone.				
I find that making things happen and doing a good job take lots of planning.				
I am often restless with the status quo.				
My children have taught me important ideas about leadership and working with others.				
I use my personal experiences to relate to others.				
If I come to a dead end, I find another way to tackle the problem.				
My co-workers and/or family say I follow through with my commitments.				
I deal openly and honestly with conflict.				
I like to set goals and measure my success.				

**ATTENDANCE POLICY:** Participants are required to attend all day and evening sessions. Participants need to make arrangements in advance in order to attend all sessions.

**DISTRICT RECOMMENDATION FORM 2010**

**TO THE PARTICIPANT:**

Fill in your information below and give a copy to a district administrator who supports your attendance to the PLI, your facilitation of the PT3 project, and development of an action plan from the PT3 activity.

Ask them to complete this form and return it to Parent Leadership Institute: Parent and Educator Partnership by **March 19, 2010 for the April, 2010 PLI. It should be faxed to 630-428-4055.** This form can be found on our website: [www.pepartnership.org](http://www.pepartnership.org).

Participant's Name: \_\_\_\_\_

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

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: \_\_\_\_\_

**TO THE PERSON RECOMMENDING THE PARTICIPANT:**

You are being asked to provide support for parent leadership development in your district. In return, the Parent & Educator Partnership will provide this parent leader training, material, and coaching for two years at no cost to the district.

The institute is sponsored by the Parent & Educator Partnership, a technical assistance project of the Illinois State Board of Education, for the purpose to improve student outcomes through parent involvement. Parents who care deeply about their children's education and who have leadership potential will be provided with additional knowledge and skills to become more involved in education and to help other parents become involved. For questions contact the Parent and Educator Partnership or access our web site at [www.pepartnership.org](http://www.pepartnership.org).

Please complete this form and return it by  
**March 19, 2010 for the April, 2010 PLI.**

Parent and Educator Partnership  
Parent Leadership Institute  
25 S. Washington St., Suite 106  
Naperville, IL 60540  
877-317-2733

You may also fax this form to : 630-428-4055

**DISTRICT ADMINISTRATOR INFORMATION:**

YOUR NAME: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

POSITION: \_\_\_\_\_

DISTRICT  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

1. How long have you known this person? \_\_\_\_\_
2. How do you know this person?
  
3. How has this person been involved in his or her child/children's education at home, in the school and/or in the community?
  
  
  
  
  
  
  
  
  
  
4. Explain why you believe this person has leadership potential, and would be a good Parent Leadership Institute attendee.
  
  
  
  
  
  
  
  
  
  
5. Tell us about your level of support for Parent Leadership at your district.

**The following list indicates leadership characteristics. Rate the participant on each:**

Using the scale below, check the number that best represents YOUR response to each item.

- 4. Definitely him/her
- 3. Often him/her
- 2. A little like him/her
- 1. Not him/her at all
- n/a. I can't say

Rate the candidate by indicating how often he/she demonstrates the characteristic:

<b>Statement</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>n/a</b>
He/she knows nothing important gets done alone.					
He/she finds that making things happen and doing a good job take lots of planning.					
He/she is often restless with the status quo.					
He/she knows children teach them important ideas about leadership and working with others.					
He/she uses personal experiences to relate to others.					
If he/she comes to a dead end, he/she finds another way to tackle the problem.					
Co-workers and/or family say he/she follows through with his/her commitments.					
He/she deals openly and honestly with conflict.					
He/she likes to set goals and measure success.					

Thank you for your assistance.

## **ADDITIONAL INFORMATION (OPTIONAL)**

### **RELEASE TIME FROM EMPLOYMENT**

Since participation in the Parent Leadership Institute involves attending meetings during the work week, we are willing to contact your employer to explain the importance of the Institute and encourage your employer's support. The purpose of our letter is NOT to request time off for you. It is very important that you discuss your interest in attending the institute with your employer. If you feel that a letter from the Parent and Educator Partnership would help you, please give us the name, title and address to write to.

**NOTE: A letter explaining the purpose and content of the institute will be mailed to your employer no later than two weeks prior to the institute. It is YOUR responsibility to contact your employer ahead of time to ask for the time off.**

**PARTICIPANT'S NAME:**

\_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

**SUPERVISOR'S NAME:**

\_\_\_\_\_

**SUPERVISOR'S TITLE:**

\_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**YOUR JOB TITLE:** \_\_\_\_\_