



Poway Unified School District  
PSEA Professional Partner Program



**APPLICATION FOR PARTNER**

**Note: Please attach a minimum of one letter of recommendation from a colleague.**

Name \_\_\_\_\_ Site/Dept. \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Email \_\_\_\_\_

Current Position \_\_\_\_\_

Number of years in current position \_\_\_\_\_  Permanent employee with 3 or more years of experience

Total number of years as a permanent employee within PUSD \_\_\_\_\_  I have a satisfactory or above current evaluation

Current position: \_\_\_\_\_

Prior positions held in PUSD (list most recent first):

<i>Date</i>	<i>Site/Department</i>	<i>Position Held</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications, trainings, or other specialized knowledge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe leadership roles in which you have served or leadership training you have received, and tell how those roles prepare you to be a Partner (School, District, Community, Other).

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Describe your experience in supporting or training personnel inside or outside of PUSD.

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Describe the qualities that will make you an effective Partner.

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In which of the following areas do you feel competent to mentor others?

**Technical/Computer Skills**

- |                                 |  |                                     |                                      |
|---------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Access | <input type="checkbox"/> Outlook       | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Publisher   |
| <input type="checkbox"/> Excel  | <input type="checkbox"/> Adobe Acrobat | <input type="checkbox"/> SharePoint | <input type="checkbox"/> Google docs |
| <input type="checkbox"/> Word   |  |                                     |                                      |

**District Procedures and Systems Experience**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Student Attendance | <input type="checkbox"/> Payroll/Personnel | <input type="checkbox"/> MyPlan              | <input type="checkbox"/> Finance                    |
| <input type="checkbox"/> Synergy            | <input type="checkbox"/> Facilities        | <input type="checkbox"/> MyConnect           | <input type="checkbox"/> M & O                      |
| <input type="checkbox"/> PeopleSoft         | <input type="checkbox"/> TOM               | <input type="checkbox"/> Confidentiality     | <input type="checkbox"/> Phone systems              |
| <input type="checkbox"/> Worker's Comp      | <input type="checkbox"/> Track-It          | <input type="checkbox"/> Publications online | <input type="checkbox"/> Destiny/Library management |

**Personal/Professional Expertise**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Leadership skills                           | <input type="checkbox"/> Decision making/<br>goal setting            | <input type="checkbox"/> Team building                        | <input type="checkbox"/> Worksite<br>interpersonal<br>relationships |
| <input type="checkbox"/> Communication<br>with the<br>Public/Parents | <input type="checkbox"/> Organizational<br>skills/time<br>management | <input type="checkbox"/> Performance<br>evaluation<br>process | <input type="checkbox"/> Conflict<br>management                     |

**Paraprofessional**

_____ Autism (ASD, RSP, NSH environments)	_____ Curriculum modification and accommodations	_____ Community Based Instruction	_____ Inclusion in the Gen Ed classroom
_____ Student behavior management	_____ IEPs- documenting and compliance	_____ Functional vs. academic curriculum	_____ Working with service providers (speech, OT, APE, PT)
_____ One-on-one instruction	_____ Direct instruction		

**Other**

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I have read and understand the goals of the Professional Partner Program. If qualified, I understand that I will be interviewed by the PSEA Professional Learning Advisory Board. If selected, I agree to attend the Orientation & Training session and Networking meetings during my two year commitment.

\_\_\_\_\_  
Applicant signature \_\_\_\_\_  
Date

I have read and understand the goals of the Professional Partner Program and support my employee's application. I understand that, if selected, my employee may require time away from their duties to assist their mentees and will do my best to support my employee's participation.

\_\_\_\_\_  
Supervisor signature \_\_\_\_\_  
Date

*Application for Partner for the 2018-2020 school year is due to the PSEA office no later than December 18<sup>th</sup>, 2018.*