

## Instructional Leadership Residency Application/Mentor Agreement

**\*\*To be submitted prior to registering for EDL 599\*\***

### Spring Internship Forms Due: September 10; Fall Internship Forms Due: February 10th

Please submit all Residency Application forms to **Teacher Education Services** in Wills 207 **OR** by email to [tes@montevallo.edu](mailto:tes@montevallo.edu)

**Please note:** Successful completion of the Educational Leadership: Administration and Supervision Praxis test (5412) is required for certification in Instructional Leadership. Go to <http://www.ets.org/praxis/al> for more information. A checklist for certification requirements may be found on the TES website.

Proposed Semester of Residency:

Current School & District Employed:

**Please Print**

Name:

Home Address:

Two Contact Numbers --  
(indicate home, cell, work, etc.)

Contact 1:

Contact 2:

Two Email Contacts --  
(UM & an additional email)

UM Email Address:

Additional Email:

#### Elementary K-6 Site for Residency --

\*Residency sites cannot be at your school of employment or online. Residency placements cannot be completed during the first or last week of the semester. Central Office placements will be considered on an individual basis, for no more than two days.

#### Name of School Site (Elementary K-6):

School District-

District Contact (include name, email & phone)-

Proposed/Preferred Dates of Residency:

Site Mentor (include name, email & phone)-

Site One (Indicate): Fall/Spring and Year  
\_\_\_\_\_, 20\_\_\_\_\_

☐ Check here to indicate the selected mentor is a practicing principal with at least one year of experience in the position of principal.

#### Secondary 6-12 Site for Residency--

\*Residency sites cannot be at your school of employment or online. Residency placements cannot be completed during the first or last week of the semester. Central Office placements will be considered on an individual basis, for no more than two days

#### Name of School Site (Secondary 6-12):

School District-

District Contact (include name, email & phone)-

Proposed/Preferred Dates of Residency:

Site Mentor (include name, email & phone)-

Site One (Indicate): Fall/Spring and Year  
\_\_\_\_\_, 20\_\_\_\_\_

☐ Check here to indicate the identified mentor currently has at least one full year of experience in the position of principal.

*Along with your application, please submit the following documentation 1) Letter or email from your proposed residency site(s) with confirmation that you will be allowed to complete your residency with the indicated mentor(s), 2) Documentation from your school/system that you will be allowed to complete your 10-day residency during the semester proposed, 3) Verification form on Instructional Leadership Preparedness for Residency, and 4) Waiver for Partial Completion of the Residency in the Summer (if necessary).*

Your Employing Principal's Signature

Printed Name

Email

Date