

**LAKEHEAD UNIVERSITY SOQP
LEADERSHIP PRACTICUM PROPOSAL FORM**

SOQP CANDIDATE, MENTOR, AND ADVISOR INFORMATION

- This form functions as an agreement between the candidate, mentor, and instructor.
- This form is to be used by the candidate to identify and propose the Leadership Practicum required by the Supervisory Officer's Qualification Program,
- This form is to be completed by the candidate and submitted to the SOQP instructor for approval before undertaking this project.

SOQP CANDIDATE

Candidate Name:

Candidate Home Address:

Candidate Email:

Candidate Phone (Home):

Candidate Phone (School):

PRACTICUM ADVISOR (SOQP MODULE INSTRUCTOR)

Advisor Name:

Advisor Email:

Advisor Phone (Home):

Advisor Phone (Other):

PRACTICUM MENTOR (BOARD SUPERVISORY OFFICER)

Mentor Name:

Mentor Board Address:

Mentor Email:

Mentor Phone (Home):

Mentor Phone (School):



OVERVIEW OF THE LEADERSHIP PRACTICUM PROPOSAL

Title, topic, and brief description of the practicum proposal:

The Focus: What specifically is the focus? How do you know this is an issue/topic that needs to be addressed? What information has been analyzed?

The Goals: What are the goals for the practicum? How does your practicum align with system improvement plans?

The Context: What is the context of your project? (staff, community, culture, your current position, etc.) Who will serve as your site mentor?



The Leadership: How does the proposed practicum directly reflect the role of a system-level leader?

The Literature: What resources, concepts, theories, and ideas presented in earlier course modules will influence your actions? What system documents or guidelines will influence your actions? What additional readings have you identified to support your practicum?

Actions and Timelines; What are the specific plans, with time estimates for your work? Will the practicum require a minimum of 50 hours of your time? How will this practicum provide opportunities to work with system personnel, Supervisory Officers, students, teachers, other leaders, parents, and members of the community? Is there a budget? If so, what is/would be the budget?

Assessment of Practicum Impact: How will you assess the impact of your practicum?

PRACTICUM PROPOSAL APPROVAL	
Candidate Signature:	Date:
Practicum Mentor Signature (Supervisory Officer):	Date:
Practicum Advisor Signature (SOQP Module Instructor):	Date:
Provider Organization:	LAKEHEAD UNIVERSITY
This form is to be kept by the instructor and the candidate after the SOQP Leadership Practicum topic has been approved by both the advisor and the mentor.	
Module Instructor:	
Provider:	LAKEHEAD UNIVERSITY

LEADERSHIP PRACTICUM EVALUATION

1. The form is to be used to evaluate the candidate's Leadership Practicum.
2. Please comment on the extent to which the candidate has achieved the objectives of the Leadership Practicum. Please indicate the strengths and areas for improvement with respect to the Leadership Practicum log, the reflective journal and the final report.

Candidate's Comments:

Candidate's Signature:	Date:
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Mentor's Comments:

Practicum Instructor's Comments:

Practicum Instructor's Signature:	Date:
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THE CANDIDATE HAS SUBMITTED A REQUIRED LEADERSHIP PRACTICUM FINAL REPORT.

Practicum Instructor's Signature:	Date:
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SOQP Provider Organization: LAKEHEAD UNIVERSITY	Date:
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