**LEADERSHIP EXPERIENCE CALCULATION CHART**

**FOR EDUCATIONAL LEADER ALT PATH 2 (240 CLOCK HOURS)**

\*\*\*ONLY COMPLETE FOR ALTERNATE PATHWAY 2 APPLICATION/PORTFOLIO\*\*\*

Louisiana Certificate Type/Number: Social Security Number: - - \_

Name: Date of Birth: \_ /\_ /\_ (First) (Middle) (Last)

Address: Phone #: ( ) (Street) (City/State) (Zip Code)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Leader- ship Experi- ence  # | **Performance Expectation** # Aligned with Bulletin  125 | **# of Hours\*\*** | **Site of Experience**  *(include School, School District, City & State)* | **Name of Supervisor**  *(Typed/Printed)* | **Signature of Supervisor** *(I agree that my electronic signature as entered below*  *is the legal equivalent of my manual signature.)* |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11\* |  |  |  |  |  |
| **TOTAL HOURS=** | |  |  | | |

\* If more space is needed, please continue on another page, continuing to number experiences starting with “12” ensuring a total minimum of 240 clock hours.

\*\* Excluding documented mentor teacher/content leader experience, no more than 50 hours will be accepted per leadership experience.

I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application/verification.

|  |  |
| --- | --- |
| Original Signature of Current Employing Authority | Title and Name of Employing Authority |
| Original Signature of Applicant | Date |

Rev. 11/20/2020