

# School Support Performance Contract Application Arkansas Leadership Academy

School : \_\_\_\_\_ District : \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION CHECKLIST:** Please complete the chart below as tasks are completed.

We certify that the following tasks were completed:

What	Who Facilitated Completion of the Task	Date Completed
Attached a copy of the current School Report Card.		
Discussed the SSP Rubric with faculty and school leadership (on ALA Web page).		
Share the <u>signed</u> Performance Contracts from the Principal, Superintendent, and Board with the faculty at the meeting to discuss the SSP program mentioned above.		
Completed and collected SSP Faculty Commitment Forms for teachers with signatures.		
Complete and Attach School Information and Student Data Sheet.		

## PERFORMANCE CONTRACTS

IF \_\_\_\_\_ SCHOOL IS SELECTED TO PARTICIPATE IN THE ARKANSAS LEADERSHIP ACADEMY SCHOOL SUPPORT PROGRAM, THE PRINCIPAL, TEACHERS, SUPERINTENDENT, BOARD OF EDUCATION, AND THE ARKANSAS LEADERSHIP ACADEMY COMMIT TO THE FOLLOWING:

### AS THE PRINCIPAL, I WILL:

1. With the superintendent, develop a 3-year strategic plan with 1-, 2-, and 3-year goals.
2. In collaboration with the Capacity Building Leader, support the collecting of data that tracks adult and student progress toward our action plans to achieve our strategic goals. Data will be summarized in an end-of-the-year annual progress report.
3. Build and implement action plans to achieve the strategic goal of the school through the use of a School Leadership Team, comprised primarily of the principal, a central office representative, and teacher leaders, and the provision of the necessary time for training and strategic planning for the Leadership Team to be successful. Training before school starts in Year 1 will be necessary.
4. Meet with the School Support Capacity Building Leader an average of two (2) days a month.
5. Lead the School Leadership Team to consensus decisions through the use of collaborative tools and the School Support Rubric to make the changes necessary to improve student learning.
6. Provide a minimum of 6 days for leadership team training per year.
7. Provide 1 day of strategic planning for Professional Development during the year with the leadership team.
8. Provide a minimum of 1 hour every two weeks during the school day for Professional Learning Community teams (PLCs) to meet and work throughout the school year.
9. Lead the leadership team to realign people, time, and money to directly support our action plans to support student and adult learning needs.
10. Monitor evidence weekly that research-based teaching and learning strategies that increase student learning are occurring in individual classrooms for all students. I will use the data with stakeholders to make decisions about improving teaching and learning.
11. Purposefully model continuous learning through activities such as reading, participating in school and district efforts, questioning, and reflective practice.
12. Participate in or have already completed the Master Principal Institute Phase I and Phase II, starting in the first year.
13. Select at least two teachers per year to participate in the Teacher Leadership Institute. I will support and monitor teachers who participate in the Teacher Leadership Institute.

I hereby certify that the school faculty was involved in the decision to participate in the School Support Program.

PRINCIPAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AS THE SUPERINTENDENT, I WILL:**

1. Be a member of, or appoint a Central Office designee to be a member of, the Leadership Team and attend all the team trainings.
2. Collaborate with the Board of Education in fulfilling commitments to participate in the Arkansas Leadership Academy School Support Program.
3. Remit the contracted amount per school per year to participate in the Arkansas Leadership Academy School Support Program.
4. With the principal, develop a 3-year strategic plan with 1-, 2-, and 3-year goals.
5. Participate as a member of, or appoint a Central Office designee to be a member of, the Leadership Team in consensus decision-making to make the changes necessary to resources, people, and time to improve student learning.
6. Align district resources to support student and adult learning needs.
7. Apply lessons learned from the School Support Program in making changes in the school system that support improvement of student performance throughout the district.
8. Gain in-depth knowledge of effective practices and policies and communicate to stakeholders their impact on student learning.
9. Purposefully model continuous learning through activities such as reading, participating in school and district efforts, questioning, and reflective practice.
10. Participate fully in the annual SSP School Board Seminar.
11. Attend the Arkansas Leadership Academy Superintendent Institute in the first year of acceptance into the School Support Program.
12. Align resources and time for professional development to support School Support efforts to achieve expected results including but not limited to supporting principal efforts that:
  - o Provide a minimum of 6 days for leadership team training per year.
  - o Provide 1 day of strategic planning for Professional Development during the year with the leadership team.
  - o Provide a minimum of 1 hour every two weeks during the school day for Professional Learning Community teams (PLCs) to meet and work throughout the school year.

I hereby certify that the school staff (teachers and administrators) were involved in the decision to participate in the School Support Program.

SUPERINTENDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AS THE BOARD OF EDUCATION, WE WILL:**

1. Make decisions that directly support the implementation of the action plans to achieve the goals of the strategic plan created to reach the goals of the School Support Program.
2. Align people, time, and money to directly support our action plans to support student and adult learning needs.
3. Support all stakeholders in fulfilling commitments to participate in the Arkansas Leadership Academy School Support Program.
4. Complete the three-year School Support Program.
5. Participate in the annual SSP School Board seminar with full attendance.
6. Participate in the design and implementation of an on-going community engagement process.
7. Align resources and time for professional development to support School Support efforts to achieve expected results including but not limited to supporting principal efforts that:
  - o Provide a minimum of 6 days for leadership team training per year.
  - o Provide 1 day of strategic planning for Professional Development during the year with the leadership team.
  - o Provide a minimum of 1 hour every two weeks during the school day for Professional Learning Community teams (PLCs) to meet and work throughout the school year.

**BOARD MEMBERS AND TITLES**

Please list all board members below. Signature required for all board members.

Name/Title (Example: Mary Smith, President)	Signature and Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	

## SSP FACULTY COMMITMENT FORM

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Years Experience: \_\_\_\_\_

As your district applies to participate in the School Support Program (SSP), it's important for SSP leaders to understand faculty knowledge, strengths, and needs regarding the implementation of SSP. Please read the following statements. Initial the statements you agree with.

\_\_\_\_\_ I have read, discussed, and gotten answers to my questions about the School Support Program Rubric with my principal and faculty in my school.

\_\_\_\_\_ I understand that the Arkansas Leadership Academy will teach district leaders and faculty the skills and tools needed to build a culture of continuous improvement and will support our implementation of our action plans for improvement that will move us toward achieving the goals of the School Support Program.

\_\_\_\_\_ I will do my part to support the efforts of the School Support Program in my school.

\_\_\_\_\_ I would like to be a teacher leader in the process of reaching the goals of the School Support Program.

Please complete the following statements...

Strengths I feel I will bring to this process are:

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My biggest concerns regarding this process are:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THE ARKANSAS LEADERSHIP ACADEMY WILL:**

1. Support the school for three years in building the capacity to be a high-performing school.
2. Build the capacity of the school in five leadership performance areas:
  - o Developing Deep Knowledge about Teaching and Learning
  - o Leading and Managing Change
  - o Building and Maintaining Collaborative Relationships
  - o Creating and Living the Vision, Mission, and Core Beliefs
  - o Building and Sustaining Accountability Systems
3. Assign a School Support Program Capacity Building Leader to the school that is:
  - o Highly experienced in working successfully with adults;
  - o Widely experienced in the use of effective instructional practices;
  - o Experienced in results-based and data-driven decision making;
  - o Highly effective at implementing the five leadership performance areas; and
  - o Connected to networks that can be brokered to the school.
4. Work with the District and/or School Leadership Team.
5. Use results from existing Scholastic Reviews to formulate data on where to invest time, people, and financial resources over the next three years to increase student learning. Conduct abbreviated Scholastic Reviews where needed. Post-reviews will occur at the end of Year 3.
6. Schedule an estimated 30 – 50 days on site for Academy staff and/or the external Capacity Building Leaders.
7. Provide annual School Support Program Board Seminars.
8. Use electronic resources effectively to communicate with the principal, superintendent, and leadership team.
9. Broker to the school the following resources:
  - o Academy Institutes
  - o Academy Partners

DIRECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail application to:

Arkansas Leadership Academy  
University of Arkansas, West Avenue Annex  
346 N. West Avenue, Room 300  
Fayetteville, AR 72701  
479-575-3030  
Fax: 479-575-8663  
[www.arkansasleadershipacademy.org](http://www.arkansasleadershipacademy.org)

**Please complete the following:**

**SCHOOL INFORMATION**

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

SUPERINTENDENT NAME: \_\_\_\_\_

BOARD PRESIDENT NAME: \_\_\_\_\_

PRINCIPAL NAME: \_\_\_\_\_

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

SCHOOL NAME: \_\_\_\_\_

WORK ADDRESS - STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ EDUCATIONAL COOPERATIVE: \_\_\_\_\_

SUPERINTENDENT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

**STUDENT DEMOGRAPHICS**

Number of Students: \_\_\_\_\_ % Male: \_\_\_\_\_ % Female: \_\_\_\_\_ % Black: \_\_\_\_\_ % Pacific Isl: \_\_\_\_\_  
% Hispanic: \_\_\_\_\_ % Asian: \_\_\_\_\_ % White: \_\_\_\_\_ % Native Am: \_\_\_\_\_ % Free/Reduced Lunch: \_\_\_\_\_  
% Limited English Proficiency: \_\_\_\_\_ % Other: \_\_\_\_\_ % Resource: \_\_\_\_\_ Mobility Rate: \_\_\_\_\_