|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Primary Home:** Street Address/P.O. Box: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone: |  | Work Phone: |  | Cell: |  |

|  |  |
| --- | --- |
| Email: |  |

**What was the last year you fulfilled a superintendency and in what school district?**

 Last Year as a Superintendent School District

**How many total years have you worked as a school superintendent? **# of years

**Are you currently licensed as a school superintendent in Wisconsin?** yes no\*

**\***If not, in what year were you last licensed? 

**In this section, you may choose more than one response for each question.**

**Time Commitment**: What would be your ideal time commitment in an interim situation?

Full-time Part-time 3-6 Months 6-12+ Months

**Location**: In which part of the state would you most likely accept an interim position?

Northwest Northeast Southwest Southeast Central All

**District Size**: In what size district are you most interested in being an interim superintendent?

Small Medium Large Any Size District

**If you have served as an interim superintendent previously, name the districts in which you served and the length of time you served.**

Click or tap here to enter text.

**Additional Comments**

Click or tap here to enter text.

*We appreciate your interest and will consider your submittal for addition to our list of interim superintendents.*

**Please return this completed form to:**

**Ingrid Frank, WASB Search Services Assistant**

[**ifrank@wasb.org**](mailto:ifrank@wasb.org)

**608-257-2622**