

SOAR Leadership Academy

AGENCY DIRECTOR AUTHORIZATION

It is critical that SOAR Local Leads have the support of their Supervisor/Agency Leadership to attend a Leadership Academy and take on the responsibilities of their role. Please review the Statement of Support and sign to acknowledge your understanding.

Future SOAR Local Lead Information

Name:

Title:

Agency Director/Supervisor Information

Name:

Title:

Agency:

Email:

Statement of Support

I support this future SOAR Local Lead's attendance at a SOAR Leadership Academy. I understand that this requires the completion of the SOAR Online Course and Review Session.

I am aware that in their role as a SOAR Local Lead, they will be responsible for conducting steering committee meetings, facilitating SOAR Online Course Review Sessions, tracking outcomes in our community/state, and acting as a resource for others who are using the SOAR model.

I recognize the time commitment necessary to be a SOAR leader in our community, and I support them in this effort.

Signature:

Date: