



Division of Rehabilitation Services

Mohammed Choudhury
State Superintendent of Schools

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Assistant State Superintendent in
Rehabilitation Services

Leadership Exploration & Agency Programs

Agency Guide Application

Name: _____

Title: _____

Department/Location: _____

Current Position: _____

Your area of expertise and/or special assignments:

Able to accept more than one participant? ☐ No ☐ Yes: How many? _____

Employee Signature/Date

Supervisor Signature/Date

Regional/Program Director Signature/Date

Please return form to Erica Kneessi via email.

DDS Employees submit form to Cheryl Hann via email.