



SOAR Leadership Academy
Agency Director Authorization

Name of future SOAR Local Lead:

To Be Completed by Your Agency Director:

As the director of the agency where the future SOAR Local Lead is employed, I support this person's commitment to conduct steering committee meetings, facilitate SOAR Online Course Review Sessions, and track outcomes in our community/state. I understand that the future SOAR Local Lead has made a commitment to being a resource person for others who are using the SOAR model. I authorize this person to attend the SOAR Leadership Academy and support him/her to become a SOAR leader in our community.

Agency Director Signature:

Title:

Agency: