#### Application to Serve on the State Title I Committee of Practitioners

**Part 1: Basic Information**

|  |  |  |
| --- | --- | --- |
| Name of applicant: | | |
| Home address: | | |
| Business phone: ( ) | Home phone: ( ) | E-mail address: |
| Current employer *(if applicable):* | | |
| Current position *(if applicable):* | | |

**Part 2: Affiliation/s 🗹** (check all that apply)

|  |  |
| --- | --- |
|  | State Board of Education member |
|  | OSSE staff (any level) |
|  | Public charter school staff (any level) |
|  | DCPS staff (any level) |
|  | Public charter school board member |
|  | District-level (LEA) administrator |
|  | School-level administrator |
|  | Teacher |
|  | Instructional Coach |
|  | Pupil services personnel (school social worker, psychologist, counselor) |
|  | Parent of DCPS and/or PCS student/s |
|  | Private school representative |
|  | Representative of community based organization |
|  | Federal agency/program representative |
|  | Institution of higher education representative |
|  | Researcher |
|  | Other educational service provider |
|  | Other District agency representative |
|  | Other non-profit agency representative |
|  | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

###### Part 3: Areas of Expertise 🗹 (check all that apply)

|  |  |
| --- | --- |
|  | Instruction for children from birth to pre-K |
|  | Instruction for children from grades K-5 |
|  | Instruction for children grades 6-8 |
|  | Instruction for children grades 9-12 |
|  | Instruction for adults |
|  | Managing and implementing an effective Title I program at the school, district, or state level |
|  | Teacher, coach, and/or principal professional development |
|  | Teacher and paraprofessional qualifications and/or teacher equity |
|  | School improvement planning, implementation, and evaluation (including SES/choice) |
|  | Title I schoolwide program planning, implementation, and evaluation |
|  | Standards and assessments (including DC-CAS) |
|  | Title I fiscal requirements (including carryover, maintenance of effort, comparability) |
|  | Parent and community involvement, engagement, and/or notification |
|  | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

###### Part 4: Term of Service 🗹 (Check the preferred term of service to which you can commit.)

|  |  |  |
| --- | --- | --- |
|  | One Year Term of Service | November 2013– September 2014 |
|  | Two Year Term of Service | November 2013 – September 2015 |
|  | Three Year Term of Service | November 2013 – September 2016 |

**Part 5: Open Responses** (Respond to all questions below. Attach extra sheets, if necessary)

|  |
| --- |
| A. Why do you wish to serve on the State Title I Committee of Practitioners? |
|  |
|  |
|  |
|  |
|  |
|  |
| B. What knowledge, skills, experience, expertise, and/or perspective will you bring to the committee if selected? |
|  |
|  |
|  |
|  |
|  |
|  |
| C. What do you see as one or more of the most significant current need/s in Title I policy in the District of Columbia? |
|  |
|  |
|  |
|  |
|  |

###### Part 6: Committee Leadership 🗹 (check next to all leadership positions in which you may be interested in serving, if any)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Chair |  | Vice Chair |  | Secretary |

Applicant’s Signature Date

**Application Deadline**: Applications with a résumé attached must be *received* by noon on Monday, November 25, 2013 at one of the addresses below (email preferred):

|  |  |  |
| --- | --- | --- |
| [OSSE.CoP@dc.gov](mailto:OSSE.CoP@dc.gov) | ***OR*** | OSSE, 810 First Street NE, 8th Floor, Washington, DC 20002, ATTN: Robin Bessler |