



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

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

### Part 1: Basic Information

Name of applicant:		
Home address:		
Business phone: (    )	Home phone: (    )	email address:
Current employer (if applicable):		
Current position (if applicable):		

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

<input type="checkbox"/>	State Board of Education member
<input type="checkbox"/>	Principal
<input type="checkbox"/>	Public charter school leader
<input type="checkbox"/>	DCPS staff (any level)
<input type="checkbox"/>	Public charter school LEA board member
<input type="checkbox"/>	District-level (LEA) administrator
<input type="checkbox"/>	School-level administrator
<input type="checkbox"/>	Teacher
<input type="checkbox"/>	Public Charter School Board (PCSB) member or staff
<input type="checkbox"/>	Specialized instructional support personnel (circle one: school social worker, psychologist, counselor, nurse, speech language pathologist, or other special education service provider)
<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Parent of DCPS and/or PCS student/s
<input type="checkbox"/>	Private school representative
<input type="checkbox"/>	Representative of community-based organization
<input type="checkbox"/>	Federal agency/program representative
<input type="checkbox"/>	Institution of higher education representative
<input type="checkbox"/>	Researcher
<input type="checkbox"/>	Other District agency representative
<input type="checkbox"/>	Other (specify): _____

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

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

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

	Two School Year Term of Service (July-June)	Term Ending June of Year: ____ (YYYY)
	Three School Year Term of Service (July-June)	Term Ending June of Year: ____ (YYYY)

**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?

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B. What knowledge, skills, experience, expertise, and/or perspective will you bring to the committee if selected?

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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?

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

Chair	Vice Chair	Secretary
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Applicant's Signature

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Date