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

**Part 1: Basic Information**

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| 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)

|  |  |
| --- | --- |
|  | State Board of Education member |
|  | Principal |
|  | Public charter school leader |
|  | DCPS staff (any level) |
|  | Public charter school LEA board member |
|  | District-level (LEA) administrator |
|  | School-level administrator |
|  | Teacher |
|  | Public Charter School Board (PCSB) member or staff |
|  | Specialized instructional support personnel (circle one: school social worker, psychologist, counselor, nurse, speech language pathologist, or other special education service provider) |
|  | Paraprofessional |
|  | 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 District 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 |
|  | Title I schoolwide program planning, implementation, and evaluation |
|  | Standards and assessments |
|  | 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.)

|  |  |  |
| --- | --- | --- |
|  | 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)

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| 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 leadership positions in which you may be interested in serving, if any)

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

Applicant’s Signature Date