



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:

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

<input type="checkbox"/>	District of Columbia Public Schools
<input type="checkbox"/>	Public Charter Schools
<input type="checkbox"/>	Private Schools
<input type="checkbox"/>	DC Public Charter School Board
<input type="checkbox"/>	DC State Board of Education
<input type="checkbox"/>	DC education advocacy organization
<input type="checkbox"/>	Community-based organization
<input type="checkbox"/>	Other (specify): _____

Part 4: 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"/>	Educator professional development
<input type="checkbox"/>	Teacher and paraprofessional qualification, preparation, evaluation 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"/>	Child development, and mental health
<input type="checkbox"/>	Parent and community involvement, engagement, and/or notification
<input type="checkbox"/>	Federal grant management; education finance
<input type="checkbox"/>	Equity in education systems
<input type="checkbox"/>	Other (specify): _____

Name(s) of affiliated schools or organizations:

Part 3: Role (check all that apply)

<input type="checkbox"/>	Principal
<input type="checkbox"/>	Teacher
<input type="checkbox"/>	Specialized instructional support personnel (school social worker, psychologist, counselor, nurse, speech language pathologist, or other special education service provider)
<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	LEA-level administrator
<input type="checkbox"/>	School-level administrator
<input type="checkbox"/>	Parent
<input type="checkbox"/>	Board member
<input type="checkbox"/>	Staff member
<input type="checkbox"/>	Other (specify): _____

Part 5: 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 6: 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?

Applicant's Signature Date