



Application to Serve on the State Title I Committee of Practitioners

Part 1: Basic Information

Name of Applicant:	
Home Address:	District of Columbia Ward Number of Home Address:
Home phone:	Home Email Address:
Work Address (if applicable):	District of Columbia Ward Number of Work Address:
Work Phone:	Work Email Address:

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

<input type="checkbox"/>	State Board of Education member
<input type="checkbox"/>	OSSE staff (any level)
<input type="checkbox"/>	Public charter school staff (any level)
<input type="checkbox"/>	DCPS staff (any level)
<input type="checkbox"/>	Public charter school board member
<input type="checkbox"/>	District-level (LEA) administrator
<input type="checkbox"/>	School-level administrator
<input type="checkbox"/>	Teacher
<input type="checkbox"/>	Instructional Coach
<input type="checkbox"/>	Pupil services personnel (school social worker, psychologist, counselor)
<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 educational service provider
<input type="checkbox"/>	Other District agency representative
<input type="checkbox"/>	Other non-profit 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 (including SES/choice)
<input type="checkbox"/>	Title I schoolwide program planning, implementation, and evaluation
<input type="checkbox"/>	Standards and assessments (including DC-CAS)
<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)

<input type="checkbox"/>	One Year Term of Service	October 2010 – September 2011
<input type="checkbox"/>	Two Year Term of Service	October 2010 – September 2012
<input type="checkbox"/>	Three Year Term of Service	October 2010 – September 2013

