# California Practitioners Advisory Group Application Form

Date Received
(SBE Office only)

**California State Board of Education**
1430 N Street, Room 5111, Sacramento, CA, 95814
Phone 916-319-0827; Fax 916-319-0175

Revised 8/2020

**APPLICATIONS DUE: 5:00 P.M. OCTOBER 8, 2020**
**(Please complete all items, attach a résumé, and attach two letters of recommendation.)**

Application for Advisory Body: **California Practitioners Advisory Group**

Position Sought (e.g., which of the practitioner membership categories the applicant would be representing?):

_____

Application Date: _____

## Applicant's Information

Name of Applicant

First: _____ Middle: _____ Last: _____

Home Mailing Address: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Current Employer (if applicable): _____

Current Position (if applicable): _____

## Questionnaires

**In completing this application, please present information concisely and in the form requested. You may attach one additional page if needed. Please note that all applications, including, résumés, and letters of recommendation, will be available for public review (except personal contact information).**

**Question 1:** What are your relevant areas of subject matter expertise or specialization in California's K–12 public education accountability system as it relates to the Local Control Funding Formula and the federal Title I programs of the Elementary and Secondary Education Act as amended by the Every Student Succeeds Act? *Please limit your response to 250 words.*

**Question 2:** California has adopted significant education policy and funding changes to its school accountability system, including the Local Control and Accountability Plans, California School Dashboard, and System of Support which all emphasize local decision-making, community engagement, and transparency. Describe your experience with and views about California's accountability system. *Please limit your response to 250 words.*

**Question 3:** Why do you wish to serve on the advisory group? *Please limit your response to 250 words.*

## Qualifications

The majority of members must be representatives from local educational agencies and will include representatives who currently meet one or more of the following categories. Please check all that apply.

- ☐ Superintendents or other Administrators
- ☐ Teachers from traditional public schools
- ☐ Teachers from charter schools
- ☐ Career and Technical Educators
- ☐ Principals and other school leaders
- ☐ Parents of students currently enrolled in the K-12 public education system
- ☐ Members of local school board
- ☐ Representatives of private school children
- ☐ Representatives of authorized public chartering agencies
- ☐ Charter school leaders
- ☐ Specialized instructional support personnel and paraprofessionals
- ☐ Education Researchers

## Relevant Employment Experience

List the most recent employment experience first.

| Position | Organization or Agency | Term Dates |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Educational Background

List the most recent educational background first.

| Institution or Program | Date(s) | Degree(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Professional Licenses and Certificates

## Awards, Honors, or Citations Received

## Professional Affiliations

## Letters of Recommendation

Please enclose (or have sent to the State Board of Education) two letters of recommendation. The letters should come from someone (not related to you) who is able to comment on your qualifications for the position you seek. If you are employed, one of the letters must come from your employer.

If you are employed by a local education agency, the employer letter must come from the agency's chief administrative officer (typically the superintendent or a designee) and must (1) recognize the additional workload you would experience if appointed and (2) acknowledge that the state will not provide reimbursement for the cost of any substitute personnel that may be needed either because of an interview (to which you may have been invited in connection with the selection process) or, if appointed, because of your service on the advisory body.

**All required application materials, including letters of recommendation, must be received by 5:00 p.m. on Thursday, October 8, 2020, or they will not be considered.**

## References

Please list the names of three persons who may be contacted in regard to your work and experience in relation to the appointment you seek. Individuals who have written letters of recommendation may be listed as references.

| Name | Position or Title | Address | Telephone Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Time Commitment

Scheduled meetings of the California Practitioners Advisory Group is available at https://www.cde.ca.gov/be/cc/cp/

Would you be able to contribute the time to attend the advisory body meetings and perform the duties of the position?

☐ Yes ☐ No

## Conflict of Interest

Please review the State Board of Education's Conflict of Interest Code which is codified in the *California Code of Regulations (CCR)*, Title 5, Section 18600. Members of those advisory bodies

identified in this code are subject to its provisions and are required to annually file a Statement of Economic Interest Form 700. A copy of the SBE's Conflict of Interest Code is available at https://www.cde.ca.gov/be/cc/ab/conflictofinterest.asp

Do you understand that you will be subject to the State Board of Education's Conflict of Interest Code?

☐ Yes ☐ No

## Reasonable Accommodation for Any Individual with a Disability

Pursuant to the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*, any individual with a disability who requires reasonable accommodation to attend or participate in a meeting or function of the California State Board of Education, may request assistance by contacting the State Board Office by calling 916-319-0393 or by facsimile at 916-319-0175.

## Optional Information

The following information is optional but would be appreciated (*Government Code* Sections 11140-11141). Use the categories below to choose the one with which you most closely identify.

Please identify your gender: Please select

Please state your ethnicity: Please select

## Applicant's Signature

Signature of Applicant: _____ Date: _____

## Submission Instructions

Please submit a completed application via email to: sbe@cde.ca.gov by 5:00 p.m. on Thursday, October 8, 2020.

A single PDF of the application that includes a resume and two letters of recommendation is preferred.

If you have any questions about the application process or the role and responsibility of the CPAG, please contact the State Board of Education by telephone at 916-319-0827 or by email at sbe@cde.ca.gov.