

Title I Committee of Practitioners Nomination Form

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Nominee

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Which district/school are you representing: _____

Representation Category

___ administrators

___ teachers from traditional public schools, charter schools and career and technical

___ principals and other school leaders

___ parents

___ members of local school boards

___ representatives of private school children

___ specialized instructional support personnel and paraprofessionals

___ representatives of authorized public chartering agencies and charter school leaders

Education

Institution and Degree/Major: _____

Institution and Degree/Major: _____

Institution and Degree/Major: _____

Institution and Degree/Major: _____

Briefly describe your experience and knowledge in the Title I field:

Briefly describe your membership in and/or representation of a constituent group and/or one of the listed representation categories:

Briefly describe why you would like to be a member of the Title I Committee of Practitioners:

Please list three professional references:

Name: _____ **Relationship:** _____ **Phone Number:** _____

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Name: _____ **Relationship:** _____ **Phone Number:** _____

I certify that the facts contained in this application are true and correct to the best of my knowledge:

Signature: _____ **Date:** _____