## Contact and Background Information Form

State Review Panel Application

## Contact Information

|  |  |
| --- | --- |
| First Name: |  |
| Last Name:  |  |
| Current Title: |  |
| Organization: |  |
| Email Address: |  |
| Phone Number:  |  |

As SchoolWorks will be coordinating both off-site Document Reviews and on-site School/District Reviews, please indicate your interest in these two types of work. Check both, if applicable.

|  |  |
| --- | --- |
|  | I am interested in participating as a State Review Panelist in the off-site document reviews. |
|  | I am interested in participating as a State Review Panelist in the on-site school/district review visits. |

## References

Please provide contact information for two references that would be able to speak to skills/tasks needed of panelists.

|  |  |
| --- | --- |
| First Name: |  |
| Last Name:  |  |
| Current Title: |  |
| Organization: |  |
| Email Address: |  |
| Phone Number:  |  |
| Relationship: |  |

|  |  |
| --- | --- |
| First Name: |  |
| Last Name:  |  |
| Current Title: |  |
| Organization: |  |
| Email Address: |  |
| Phone Number:  |  |
| Relationship: |  |

## Educational Background

SchoolWorks will make every effort to align the background and expertise of Panelists to the schools and districts being reviewed. Place an “X” next to the following area(s) of expertise you may bring to the review process:

|  |  |  |  |
| --- | --- | --- | --- |
|  | School district or school leadership or governance |  | Teacher leadership |
|  | Standards-based elementary or secondary curriculum instruction and assessment  |  | Organizational management or school district and public school governance |
|  | Instructional data management and analysis |  | School district or school budgeting and finance |
|  | School district, school, or program evaluation |  | Educational program management |

Place an “X” next to areas where you have experience:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Elementary level |  | Online School |
|  | Secondary level |  | Alternative Education Campus |
|  | School level |  | Rural |
|  | District level |  | Urban |
|  | Charter School |  | Other:  |

## Statement of Interest

State Review Panel Application

Provide a brief description of why you are interested in serving as a State Review Panelist. The response should not take more than one full typed page.

## Confidentiality, Conflict of Interest, and Assurances

State Review Panel Application

**Confidentiality**

Each review team member shall maintain confidentiality about their assigned school or district reviews. No member shall disclose the contents of feedback to anyone outside of the team. All conversations and determinations of the team (including assignments, team-mates, etc.) shall be kept confidential – even after the work of the State Review Panel has concluded.

**Conflict of Interest**

By participating in the State Review Panel, all review team members must affirm that they do not have a personal or financial interest regarding their assigned schools or districts. All such potential conflicts of interest situations must be reported to the Improvement Planning Unit prior to reviewing the body of evidence. See the examples of conflict of interest below. Furthermore, the special knowledge that Panelists have as a result of the review may not be leveraged to promote future gain (e.g., financial, employment).

**Assurances**

By my signature below, I understand and agree to the following:

* To have read and understand the roles and responsibilities of being a State Review Panelist and will work with the utmost excellence, integrity and impartiality in carrying out my responsibilities.
* To understand that my name will be associated as being a panelist and recommendations of the panel will be used to determine actions by the State Board in relation to schools and districts.
* To be accountable in confidentiality and quality of service to the process and review team.
* To actively monitor and provide timely notification of any identified conflict of interest.
* To spend the required time to ensure that a quality report is developed for the school/district.
* The review is to support an accountability process. I will not solicit the school/district to provide technical assistance or market any consulting services to assigned schools/districts at any point during or

**Printed Name Signature Date**

**Examples of Conflict of Interest may include, but are not limited to:**

* You, a family member, or close associate/relative have a financial interest in an assigned school or district (e.g., have a contract or are employed by the school or district).
* You have been offered an opportunity to serve as a consultant or employee of an assigned school or district.
* You helped prepare, provided comments, or otherwise reviewed any portion of the assigned school or district’s Unified Improvement Plan.
* You, your spouse, your employer (current or within last 12 months), your spouse’s employer, a close colleague have an interest (financial or otherwise) in the outcome of the review currently or in the future.
* An organization with which you are seeking employment have a financial or other interest in the outcome for an assigned school or district.
* You serve as a support or as a volunteer of an assigned school or district.
* You have previously expressed an interest in your children or grandchildren attending an assigned school or district.
* You are aware of any other circumstance(s) that might cause someone to question your impartiality in serving as a reviewer for an assigned school or district.