

**Alternate Assessment Standard Setting Committee
Application for Membership
Fall 2001**

Applicant's Name _____

Part I: Committee/Area of Expertise

Please check the committee for which you are applying.

- | | |
|---|---|
| <input type="checkbox"/> Elementary I Committee | Students with disabilities age 8 years old or older on or before September 30. |
| <input type="checkbox"/> Elementary II Committee | Students with disabilities age 10 years old or older on or before September 30. |
| <input type="checkbox"/> Middle School Committee | Students with disabilities age 13 years old or older on or before September 30. |
| <input type="checkbox"/> High School Committee | Students with disabilities one year prior to exiting school. |

Part II: Demographic Characteristics

Please check each of the following that apply:

- Female
 Male
- American Indian or Alaskan Native
 Asian or Pacific Islander
 Black (not of Hispanic Origin)
 Hispanic
 White (not of Hispanic Origin)

Part III: Additional Information

I have been a public school teacher for the following number of years: _____

I have experience teaching students with disabilities in the following disability areas:

_____	_____
_____	_____
_____	_____

While I have not had teaching experience, I feel I can make a contribution to this effort in the following way:

Part IV: Contact Information

Name: _____

Summer Mailing Address: _____

Summer Phone Number: _____

Approval of Nomination: _____ Date: _____

Division Superintendent

School Division: _____

Return by August 31, 2001 to: **Virginia Dept of Education**
Division of Assessment and Reporting
P.O. Box 2120
Richmond, VA 23218-2120
Fax: (804) 371-8978