REPRODUCIBLE

Tool 9

Team Member Information Form

In order for us to better	plan for the ι	upcoming on	-site school rev	view at,
				s an attachment via email
to:	at			Thank you!
name				
	Con	tact Inform	nation	
Your name				
Mailing address				
City, state, zip code				
Daytime phone				
Cell phone				
Email address				
	Emplo	yment Info	rmation	
Current employer				
Title				
Supervisor name				
Supervisor email				
Supervisor daytime phone				
	Emergenc	cy Contact	Information	
Name				
Relationship				
Daytime phone				
Cell phone				

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Dates of Availability

The following dates are being considered for the upcoming on-site school reviews this year. Please check those dates during which you would be available to work on a school review team. You will need to be available for the team planning meeting and the entire on-site time period.

I am available		to		
	date		date	
I am available		to		
	date		date	
I am available		to		
	date		date	
I am available		to		
	date		date	

Areas of Expertise

In order to form a review team to meet the specific needs of this school, it is important that we know in which areas you have expertise. Please check those areas in which you feel you are most knowledgeable and could serve as the team expert. Also please note the grade levels in which you have expertise, and your total years of experience in education.

	Reading			Special education		Leadership	
	English/langua	ge arts		English language learners		Strategic planning	
	Mathematics			Achievement gap/equity		Student connectedness	
	Science			Curriculum		School environment	
	Social studies			Instruction		Families and communities	
				Assessment	-		District support
Language	es spoken in add	dition to Englis	sh:				
Other are	eas of expertise:						
□ Elem	entary 	Middle		High		K-12	Other:
Total yea	rs of experience	in education:					
Today's c	late:						
Thank yo	ou!						