



ESSA State Committee of Practitioners Application Form

The Committee of Practitioners (Committee) serves as an advisory group to the Colorado Department of Education (CDE) and performs the duties as designated in Every Student Succeeds Act (ESSA). The primary purpose of the Committee is to advise CDE regarding its implementation of ESSA. The Committee meets four times annually and Committee members serve for three year terms with an option to extend membership for additional terms.

To apply for consideration for membership on the ESSA Committee of Practitioners, provide the following information:

I. General Information

- a) Name:
- b) E-mail address:
- c) Mailing address:
- d) Phone number:
- e) School district and/or school:

II. Select the region of Colorado the applicant represents:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Metro | <input type="checkbox"/> Pikes Peak |
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> North Central | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> West Central |

III. Indicate which position(s) on the Committee your representation may fulfill (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Title I Administrator | <input type="checkbox"/> Local School Board Member |
| <input type="checkbox"/> District Fiscal Administrator | <input type="checkbox"/> Specialized Instructional Support Personnel |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Non-public School Representative |
| <input type="checkbox"/> Teacher (Public School) | <input type="checkbox"/> Charter School Administrator |
| <input type="checkbox"/> Teacher (Charter School) | <input type="checkbox"/> Other District Administrator |
| <input type="checkbox"/> Teacher (Career and Tech) | |





COLORADO
Department of Education

Unit of Federal Program
Administration
1560 Broadway, Suite 1100

- | | |
|--|---|
| <input type="checkbox"/> Title II Administrator | <input type="checkbox"/> Title IV Administrator |
| <input type="checkbox"/> Neglected & Delinquent Representative | <input type="checkbox"/> Family Literacy Practitioner |
| <input type="checkbox"/> Title III Administrator | <input type="checkbox"/> Early Childhood Practitioner |

IV. Provide a description of why you wish to serve on the State Committee of Practitioners:

V. Provide a brief biographical statement:

Return the completed form to:

Emily Owen

owen_e@cde.state.co.us

303.866.6700

