

##### Commissioner’s Teacher Cabinet Application

Due: **Friday, August 13, 2021, by 11:59 pm**

# Introduction

The Commissioner’s Teacher Cabinet (CTC) is a group of practicing teachers from around the state that meets on a regular basis with the Colorado Education Commissioner. We are now ready to fill 8-10 alternating seats on the CTC with this application cycle.

The goal of the CTC is threefold:

* To provide a formal opportunity for practicing teachers to ensure policy makers and legislators understand the implications of education policy;
* To provide suggestions and recommendations for the effective implementation of education policy; and
* To make policy decisions transparent to teachers. The overarching goal is to bridge the gap between policy and practice.

In addition:

* The CTC provides feedback and suggestions to the Commissioner of Education and the Colorado Department of Education on education policy and its implementation. This partnership gives the Commissioner and policy makers a teacher’s insight to the classroom impact of education policies.
* The CTC members are practicing teachers who interact with students on a daily basis and are impacted by state education policy. They are recognized by their peers and districts as exemplary teaches who have shown strong leadership qualities in the communities
* CTC members are responsible for gathering feedback from their school communities to share, and to provide clarity of, policy initiatives to their local communities.
* As long as the cabinet exists, the term for members is two years with alternating two-year terms to ensure there are experienced members each year. Members represent diverse geographic areas, grades levels and content areas as well as diverse communities.
* The CTC is looking to have a diverse representation across the state and will make selections that enhance geographic representation.
* The CTC meets at least 4 times per year – in person and virtual options to meet are available.
* While no compensation or substitute reimbursement is available to members, as budget allows, CDE makes every effort to reimburse for travel and food costs associated with the in-person Commissioner meetings.
* Cabinet members receive professional development credit and a certificate and award for being selected to serve on the Commissioner’s Cabinet.
* Cabinet members are often offered other opportunities across the state to serve in feedback and advisory roles.

# Requirements for Applicants

* 3+ years’ experience in the classroom;
* Identified as proficient (at a minimum) teacher;
* Application narrative;
* Application signatures;
* Résumé; and
* Two letters of recommendation - one from a direct supervisor and another from a peer demonstrating that the teacher is an accomplished teacher and has recognized leadership abilities.

Note:

* An applicant interview may be conducted (virtual); and
* The applicant’s superintendent or school leader may be contacted.

# Timeline and Review Process

Applications and interviews will be reviewed by a diverse group of reviewers from the educational community. Applications will be scored based on overall strength as well as for coverage of geographic areas and variety of grade levels and content areas. The Commissioner will make final selection decisions.

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| **Friday, August 13, 2021** | Applications Due |
| **August 16 – September 30, 2021** | Applications will be reviewed and interviews conducted (if needed) |
| **September 30, 2021** | Applicants will be notified regarding the status of their application |
| **October 2021** | First meeting of the Commissioner’s Teacher Cabinet with new members |

# Submission Process

Submit applications at <https://www.cde.state.co.us/teachercabinetapplication>.

Applicants must also submit the following via email to [teachercabinet@cde.state.co.us](mailto:teachercabinet@cde.state.co.us):

* One-page letter explaining why you want to serve on the cabinet and why you would be a good fit.
* Two letters of recommendation, at least one from a direct supervisor and one from a peer/colleague.
* A current résumé.
* Signatures of approval from principal and superintendent.

Incomplete applications, or application narrative responses that exceed the 500 word maximum, will not be included for review.

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| **Applications due: Friday, August 13, 2021, by 11:59 pm**  **Submit your application at:**  <https://www.cde.state.co.us/teachercabinetapplication>  **Submit your one-page letter, two letters of recommendations, signatures, and résumé to:** [teachercabinet@cde.state.co.us](mailto:teachercabinet@cde.state.co.us) |

For questions or additional information, please contact:

[teachercabinet@cde.state.co.us](mailto:teachercabinet@cde.state.co.us)

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**Due by: Friday, August 13, 2021, by 11:59 pm**

**\*\*Provide the following information in the** [**online application**](https://www.cde.state.co.us/teachercabinetapplication)**\*\***

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| **Applicant Information** | | | | | | | | | | | | | | | | | | | |
| **Name of Recommended Educator:** | | | | | | |  | | | | | | | | | | | | |
| **Grade(s) currently teaching:** | | | | | | |  | | | | | | | | | | | | |
| **Area(s) of Expertise (check all that apply):** | | | | | | | | | | | | | | | | | | | |
| Reading/English/Language Arts | | | | | | | Science | | | Mathematics | | | | | | Social Studies | | | |
| Fine Arts | | | | | | | Foreign Language | | | G/T | | | | | | ESL | | | |
| SPED | | | | | | | ELE | | | Library Media | | | | | | Charter School | | | |
| If CTE (please specify area): | | | | | |  | | | | Other (please specify): | | | | |  | | | | |
| **Indicate Ethnicity:** | | | | | | | | | | | | | | | | | | | |
| White  Black or African American  Asian  Hispanic or Latino  Native American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | | | | |
| Other (please specify): | | | |  | | | | | | | | | | | | | | | |
| Indicate region of Colorado in which you teach:  □ Metro □ Pikes Peak □ North Central □ Northwest □ West Central  □ Southwest □ Southeast □ Northeast | | | | | | | | | | | | | | | | | | | |
| **District Size:** | | Small Rural  Rural  Suburban  Urban | | | | | | | | | | | | | | | | | |
| **Total years in education:** | | | |  | | | | | | | | | | | | | | | |
| **Will you be at the same school site next year (2021-2022)?** | | | | | | | | | | | | Yes  No | | | | | | | |
| **School and District Information** | | | | | | | | | | | | | | | | | | | |
| **District Name:** | | |  | | | | | | | | | | | | | | **District Code:** | |  |
| **School Name:** | | |  | | | | | | | | | | | | | | **School Code:** | |  |
| **School Address:** | | |  | | | | | | | | | | | **Telephone:** | | |  | | |
| **Supervisor Information** | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | **Title:** | |  | | | | | | | | |
| **E-mail:** |  | | | | | | | | | | | | | **Telephone:** | | |  | | |
| **Education Information** | | | | | | | | | | | | | | | | | | | |
| **School** | | | | | | | | **Degree** | | | | | | | | | | **Year of Graduation** | |
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| **References Information**  Please list the names and phone numbers of three references that can verify your leadership qualities, work with education policy and success within the community. We will call each with a short interview. | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Title** | | | | **Phone (Work)** | | | | **Phone (Personal)** | | | | **E-mail** | | |
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| **Submitter Information** | | | | | | | | | | | | | | | | | | | |
| **Your Name** | | | | | **Title** | | | | **Phone (Work)** | | | | **Phone (Personal)** | | | | **E-mail** | | |
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# Narrative Responses

**\*\*Provide the following information in the** [**online application**](https://www.cde.state.co.us/teachercabinetapplication)**\*\***

The template below may be used to plan your responses before submitting at the link above. Rate yourself from 1-10 (10 being highest) on the following four criteria and provide a paragraph for each rating (max 500 words for each response) to explain your rating. Be detailed and thorough, and use examples whenever possible.

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| **Select Rating** | 1. **Exceptional educational talent as evidenced by effective instructional practices and student learning results in the classroom and school.** |
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| **Select Rating** | 1. **Exemplary educational accomplishments beyond the classroom that provide models of excellence for the profession.** |
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| **Select Rating** | 1. **Strong leadership and policy engagement.** |
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| **Select Rating** | 1. **Engagement that motivates and impacts students, colleagues and the community.** |
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| **Select Rating** | 1. **Solution oriented and problem solver. Provide an example of a time when you disagreed but worked to find common group and a productive path forward** |
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| **Other information you wish to share (no more than 500 words):** | |
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# Additional Documentation

**Submit the following via email to:** [teachercabinet@cde.state.co.us](mailto:teachercabinet@cde.state.co.us):

* One-page letter explaining why you want to serve on the cabinet and why you would be a good fit.
* Two letters of recommendation, at least one from a direct supervisor and one from a peer/colleague.
* A current résumé.
* Signatures of approval from principal and superintendent.

# Signatures

| **APPLICANT SIGNATURE** | | | | |
| --- | --- | --- | --- | --- |
| **I hereby submit my application for the Commissioner’s Teacher Cabinet. I acknowledge that that all information in this application is correct. If selected to serve on the CTC, I will be asked to attend at least four meetings per year during the two-year term.** | | | | |
| Signature of Applicant |  |  | Date |  |

| **SCHOOL/BUILDING PRINCIPAL** | | | | |
| --- | --- | --- | --- | --- |
| **I acknowledge that the applicant submits this application with my approval. If the applicant is selected to serve on the Commissioner’s Teacher Cabinet, they will be asked to attend at least four meetings per year during the two-year term.** | | | | |
| Signature of School Principal |  |  | Date |  |

| **SCHOOL DISTRICT SUPERINTENDENT** | | | | |
| --- | --- | --- | --- | --- |
| **I acknowledge that the applicant submits this application with my approval. If the applicant is selected to serve on the Commissioner’s Teacher Cabinet, they will be asked to attend at least four meetings per year during the two-year term.** | | | | |
| Signature of Superintendent |  |  | Date |  |

**\*\*Submit completed signatures form to** [**teachercabinet@cde.state.co.us**](mailto:teachercabinet@cde.state.co.us) **\*\***

# Submission Checklist

Please use only as a reference, do not include with the recommendation.

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| **Does the recommendation packet include:** | |
| 1. Thoroughly answered narrative questions and ratings submitted through the online application? | Yes  No |
| 1. A one-page letter explaining why you would like to serve on the CTC and why you would be a good fit? |  |
| 1. Three references that we can call and interview if needed? | Yes  No |
| 1. Two letters of recommendation (direct supervisor and peer)? | Yes  No |
| 1. A current résumé? | Yes  No |
| 1. Principal and superintendent signatures? | Yes  No |

**In order to provide all recommendations with an equal opportunity, only responses that fit within the 500 word maximum will be accepted for review.**

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