**ARIZONA DEPARTMENT OF EDUCATION**

1535 West Jefferson, Bin #15, Phoenix, Arizona 85007

Phone: 602.364-1530 Fax: 602.542-2730

ECEinbox@azed.gov

**APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO THE**

**Arizona Department of Education *Early Learning Standards Revision and Realignment Team***

|  |
| --- |
| Date:       Name:       Address:      City:       State:       ZIP Code:     Phone:       Cell:     Email:       |

**Experience and Expertise:**

Please check the applicable boxes below that reflect your experience and expertise:

[ ] Infant/Toddler

[ ] Preschool

[ ] Kindergarten

[ ] Grades 1-3

[ ] Career and Technical Education Early Childhood Professions

[ ] Institute of Higher Education in the college of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other grade level experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Implementing an effective Birth through Grade 3 program (check all that apply)

[ ] At a private or non-profit childcare

[ ] At a faith-based community

[ ] At an E/Head Start Site

[ ] At a school district or site based administrator level

[ ] As a home visitor

[ ] As an early interventionist

[ ] Evaluator of programs

[ ] Implementing a Response to Intervention model (RTI)

[ ] Implementing early childhood assessments

|  |
| --- |
| Current Employment Information (include employer, dates of employment, title, and description of job duties:       |

|  |
| --- |
| Why are you interested in this position?       |

|  |
| --- |
| Please list any organizations or special projects in which you have been involved that you believe to be relevant to the position for which you are being considered for appointment:       |

**Voluntary Information:**

This information is used solely for the purposes of ensuring committees are comprised of members reflecting the entire state of Arizona and its community.

Sex: Residence:

[ ] Male [ ] Rural

[ ] Female [ ] Urban [ ] Tribal