

District Review Team Application

For Parents

The information provided on this application form will be used to select members for district review teams.



PLEASE PRINT

It is important to complete the entire application if you wish to be considered for inclusion on a team.

APPLICANT INFORMATION (Please circle your preferred name if different from your first name):

Check (✓):

Prefix	First and Middle Name	Last Name	Female	Male
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Ministry staff must be able to contact you to verify your availability for district reviews, to inform you of schedule changes, etc. Please provide your mailing address for correspondence. Please include all area codes.

Street/Mailing Address	City/Town	Prov BC	Postal Code
Phone (Day)	Home Phone	Cell	
Email		Fax	

Please provide the following information.

	Yes	No
Are you currently employed by a school district?		
Are you fully fluent in French (both written and spoken)?		
Do you have Aboriginal ancestry (First Nations, status, non-status, Inuit, Metis)?		

Please write two or three sentences about yourself that will help the team chair understand what contribution you could make to a review team. For example, you may wish to highlight experience including business/personal skills and knowledge, community volunteer work, previous experience with; District Review Teams, Accreditation Teams, BCCPAC or other committee membership. **PLEASE PRINT**

EXPERIENCE & EXPERTISE

All of your experience with K-12 education is important. Please note all involvement you have had with K-12 education in BC, including specific information about your current role or roles.

Please use the boxes provided to describe your involvement, type of school, and your years of experience.

	Parent	District Parent Advisory Council	Parent Advisory Council	School Planning Council	Elementary	Middle	Junior	Senior	Number of years
<i>E.g., SD 61 Greater Victoria</i>	√		√		√				3

Please note areas of expertise or special interest. Check (√) all that apply.

	Interest	Expertise		Interest	Expertise
Aboriginal Education			Literacy		
Alternate Education			Numeracy		
Assessment			Social Responsibility		
Early Success			Special Education		
ESL			Parent Involvement		
French Immersion			Other (please specify):		

REFERENCES

Please provide the names of two references and their contact information, including area codes. At least one reference must be a current school or district employee.

Name	Title/Role	Phone Area code - Number	Email (optional)
		Area code - Number	

Team members are required to attend 2 days of training.

Signature
Date

Please fax completed forms to:

District Review Team
System Performance Branch
Governance & Accountability Division
Ministry of Education

Fax 250-356-8267
Phone 250-356-2575