

Regents Examination Standard Setting Committee Application

Please complete all information.

NAME:

(Mr./Mrs./Ms.) (First)

(Last)

School District: _____

School Name: _____

Street: _____

City: _____

State: *New York* Zip: _____

School Telephone: (____) _____ Fax (____) _____

School Email: _____

Principal: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Home Email: _____

Best Way to Reach You (email, phone): _____ Best Time of Day to Reach You: _____

Education: BA/BS: _____ MA/MS: _____ Other: _____

Certification Area(s): _____

Names of Subject(s) Taught: _____

Grade Level(s) _____ No. of Years Teaching Subject: _____

Current Position: _____

Your race/ethnicity: _____

Please check the boxes below that describe your school

District Type

- New York City
- Large City
- Small City
- Suburban
- Rural
- BOCES

Location

- Long Island
- New York City
- Lower Hudson
- Mid-Hudson
- Capital District
- North Country/Adirondacks
- Central NY
- Western NY
- Southern Tier

School Type

- Public
- Nonpublic
- Charter

School Administrator's Acknowledgement: I acknowledge that: _____

(Name of Teacher)

has applied to participate in Standard Setting of New York State Regents Examinations.

Signature of School Administrator (SIGNATURE IS REQUIRED)

If you are selected for a committee, you will be contacted based on your area of certification(s) and expertise as noted above and our needs. If you are not selected at this time, we will keep your name on file for future committees.

Thank you for completing this application.

*****Please fax the application to Attn: Mary Bell at 518-486-5765**