NEW YORK STATE EDUCATION DEPARTMENT
Office of School Innovation
CHARTER SCHOOL OFFICE

2014 Charter School Application Review

Peer Reviewer Conflict of Interest Disclosure Form

1. Have you worked for or with, or do you know, any of the individuals listed as part of the founding group on applications that you are responsible for evaluating for the Board of Regents ("the applicants")?

   ☐ Yes ☐ No

   If yes, please specify.

2. To the best of your knowledge, have you worked for or with, or do you know any of the other current applicants to the Board of Regents?

   ☐ Yes ☐ No

   If yes, please specify.

3. Have you worked for or with, or do you know, any of the applicants' proposed partners including a Charter Management Organization (CMO) or an Educational Service Provider (ESP)?

   ☐ Yes ☐ No

   If yes, please specify.

4. Have you worked for or with, or do you know, any of the individuals proposed as trustees for any of the applicants?

   ☐ Yes ☐ No

   If yes, please specify.

5. Have you worked for or with, or do you know, any of the potential employees of the applicants?

☐ Yes ☐ No

If yes, please specify.

6. To the best of your knowledge, have any of your relatives worked for or with, or do they know any of the applicants or the applicants' proposed partners, trustees or employees?

☐ Yes ☐ No

If yes, please specify.

7. Have you, or, to the best of your knowledge, any of your relatives assisted or been asked to assist in preparing the applications that you have been asked to review?

☐ Yes ☐ No

If yes, please specify.

8. Have any of the applicants or the applicants' proposed partners, trustees or employees offered employment to you, or, to the best of your knowledge, any of your relatives within the last two years?

☐ Yes ☐ No

If yes, please specify.

9. To the best of your knowledge, does any individual or organization with whom or which you are affiliated (as an employee, consultant or otherwise) have any financial relationship with any of the applicants and/or applicants' proposed partners, trustees or employees, including but not limited to contracts to supply services or real estate?

☐ Yes ☐ No

If yes, please specify.

10. To the best of your knowledge, in the event that an applicant is granted a charter, does any individual or organization with whom or which you are affiliated (as an employee, consultant or otherwise) have any intention to enter into, or seek to enter into, any financial relationship with such charter school or its partners, trustees or employees, including but not limited to contracts to supply services or real estate?

☐ Yes ☐ No

If yes, please specify.

11. In the event that an applicant is granted a charter, do you, or, to the best of your knowledge, do any of your relatives, have any intention to enter into, or seek to enter into, a relationship with such charter school or its partners, trustees or employees, including but not limited to contracts to supply services or real estate.

☐ Yes ☐ No

If yes, please specify.

12. Do you own any stock, or have any financial interests, in a Charter Management Organization (CMO), an Educational Service Provider (ESP) or other charter school partner organizations?

☐ Yes ☐ No

If yes, please specify.

13. Do you anticipate that any of your children, or the children of any of your relatives or persons by whom you are employed or affiliated with, will attend any of the proposed charter schools that you have been asked to evaluate should such schools be granted a charter?

☐ Yes ☐ No

If yes, please specify.

14. Briefly describe your views on what purpose a charter school should serve.

15. Do you have any beliefs pertaining to class size, curriculum, performance assessment, parental involvement or facilities that may prohibit you from providing an objective evaluation of an applicant with different views or beliefs?

☐ Yes ☐ No

If yes, please specify.

16. Are you aware of any other circumstance that might compromise your ability to evaluate the applications in accordance with the criteria presented in the Evaluation Rubric?

☐ Yes ☐ No

If yes, please specify.

17. Please check the appropriate box.

☐ I am able to serve as an objective and unbiased Evaluation Team member.

☐ I am unable to serve as an objective and unbiased Evaluation Team member. Please see reason(s) below:

_____
Print Name

_____
Signature (electronic signature is acceptable)

_____
Date