

NEW YORK STATE ACADEMY FOR TEACHING & LEARNING
Statewide Peer Review Critical Friend Survey Form

NAME: _____
 SCHOOL DIST/
 ORGAN. _____
 ADDRESS _____
 EMAIL: _____
 PHONE: _____
 FAX: _____

AREA OF REPRESENTATION

PLEASE CIRCLE THE AREA(S) YOU REPRESENT AND THE LEVEL

<u>AREA OF REPRESENTATION</u>	<u>L E V E L</u>		
SOCIAL STUDIES	E	I	C
ENGLISH LANGUAGE ARTS	E	I	C
MATHEMATICS	E	I	C
SCIENCE			
BIOLOGY	E	I	C
CHEMISTRY	E	I	C
EARTH SCIENCE	E	I	C
PHYSICS	E	I	C
TECHNOLOGY	E	I	C
HEALTH	E	I	C
PHYSICAL EDUCATION	E	I	C
FAMILY AND CONSUMER SCIENCES	E	I	C
LANGUAGES OTHER THAN ENGLISH			
SPANISH	E	I	C
FRENCH	E	I	C
ITALIAN	E	I	C
RUSSIAN	E	I	C
GERMAN	E	I	C
LATIN	E	I	C
THE ARTS			
MUSIC	E	I	C
DANCE	E	I	C
VISUAL ARTS	E	I	C
THEATRE	E	I	C
CAREER DEVELOPMENT AND OCCUPATIONAL STUDIES (CDOS):	E	I	C

FOR COMMENCEMENT LEVEL CDOS ONLY, INDICATE ONE OF THE FOLLOWING CAREER MAJORS:

- THE ARTS
- BUSINESS/INFORMATION SYSTEMS
- ENGINEERING/TECHNOLOGIES
- HEALTH SERVICES
- HUMAN AND PUBLIC SERVICES

NATURAL AND AGRICULTURAL SCIENCES

(OVER)

CERTIFICATION/SPECIALTY (PLEASE CHECK ALL THAT APPLY)

_____ SPECIAL EDUCATION
_____ BILINGUAL EDUCATION
_____ ADULT EDUCATION
_____ INSTRUCTIONAL TECHNOLOGY
_____ EARLY CHILDHOOD EDUCATION

Please check boxes and circle dates that apply:

- I facilitated at Statewide Peer Review '97, '98, '99, 2000, 2001
- I served as recorder at Statewide Peer Review '97, '98, '99, 2000, 2001
- I served as critical friend at Statewide Peer Review '97, '98, '99, 2000, 2001
- I attended NYSATL Training in Nov 2000, Jan 2001, Feb 2001
- I became a member of the NYS Academy for Teaching and Learning in '97, '98, '99, 2000, 2001

Please return to:

Joan Payton

NYSATL c/o NYSED - Curr & Inst

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