



Regents Examination Final Eyes Review Committee Application

Please complete all information.

NAME: _____

(Mr./Mrs./Ms.)

(First)

(Last)

School District: _____

School Name: _____

Street: _____

City/Town: _____

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 _____

No. of Years Teaching Subject:: _____

Current Position: _____

Today's Date: _____

(Continued on next page)

Please check the boxes below that appropriately describe your school.

District Type	Location
<input type="checkbox"/> New York City	<input type="checkbox"/> Long Island
<input type="checkbox"/> Large City	<input type="checkbox"/> New York City
<input type="checkbox"/> Small City	<input type="checkbox"/> Lower Hudson
<input type="checkbox"/> Suburban	<input type="checkbox"/> Mid-Hudson
<input type="checkbox"/> Rural	<input type="checkbox"/> Capital District
<input type="checkbox"/> BOCES	<input type="checkbox"/> North Country/Adirondacks
School Type	<input type="checkbox"/> Central NY
<input type="checkbox"/> Public	<input type="checkbox"/> Western NY
<input type="checkbox"/> Nonpublic	<input type="checkbox"/> Southern Tier

Race/Ethnicity (optional)
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black or African American (not Hispanic origin)
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White (not Hispanic origin)
<input type="checkbox"/> Multi-Racial (not Hispanic origin)

If you have worked as a consultant for the Office of State Assessment (OSA) in the last three years, Please: 1) describe the work, and 2) provide the dates you worked for OSA (DATES ARE REQUIRED):

Earliest hour you could be at the State Education Department in Albany: _____

If you are selected, how much advance notice do you require: _____

School Administrator's Acknowledgement: I acknowledge that: _____

(Name of Teacher)

has applied to participate in the review of the New York State Regents Examinations.

Signature of School Administrator (SIGNATURE IS REQUIRED)

If you are selected for a review, you will be contacted based on your availability as noted above and our needs. If you are not selected at this time, we will keep your name on file for future reviews.

Thank you for completing this application.

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