



MCAS ASSESSMENT DEVELOPMENT COMMITTEE
MEMBER APPLICATION
Calendar Year 2010

Name (Last) _____ (First) _____

Current Position _____

Home Address (Street) _____

(City/Town) _____ (State) _____ (Zip) _____

Home Phone (_____) _____ Home Email _____

Cell Phone (_____) _____ Work Email _____

School Name _____ District _____

School Address (Street) _____

(City/Town) _____ (State) _____ (Zip) _____

School Phone (_____) _____ School Fax (_____) _____

I am currently a member of an ADC Committee: Yes _____ No _____
(Current members may reapply)

I am interested in serving on the following committee(s). Please rank your choices, with "1" being your first choice. Please select **no more than 3**. (Members may serve on only one ADC.)

ELA Grade 3	_____	Math Grade 3	_____	Sci & Tech/Eng Grade 5	_____
ELA Grade 4*	_____	Math Grade 4	_____	Sci & Tech/Eng Grade 8	_____
ELA Grade 5	_____	Math Grade 5	_____	Biology (High School)	_____
ELA Grade 6	_____	Math Grade 6	_____	Chemistry (High School)	_____
ELA Grade 7*	_____	Math Grade 7	_____	Intro Physics (High School)	_____
ELA Grade 8	_____	Math Grade 8	_____	Tech/Eng (High School)	_____
ELA Grade 10*	_____	Math Grade 10	_____		

**Please note: Tests reviewed by these ELA committees include a composition prompt.*

If currently a teacher, please indicate:

Years of teaching experience _____

Course(s) you now teach _____
(Attach syllabi, if available)

Do you have any experience working with students who have disabilities? If yes, please describe.

Do you have any experience working with limited English proficient students? If yes, please describe.

Superintendent's Recommendation
I support the application of _____ to serve on the _____ MCAS Assessment Development Committee(s)
Name: _____
Title: _____
Signature: _____

Please note that this application must be accompanied by:

- A **current** résumé and
- A **statement of interest** (new members only) describing why you wish to serve as a member of an MCAS Assessment Development Committee and what particular training and experience you have that will enable you to make a positive contribution to the committee's work.

I certify that, to the best of my knowledge, the information provided herein is true and complete.

Signature

Date

Please return this MCAS ADC application by mail or fax no later than **5:00 p.m., November 20, 2009**, to:

MCAS ADC Applications
Student Assessment Services
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148
Fax: 781-338-3630