

Public Advocate Appointee Application Citywide Education Councils



Citywide Education Councils

July 1, 2017 - June 30, 2019 Term



SUBMIT COMPLETED APPLICATION

By email to:

CCECinfo@schools.nyc.gov

Bv mail to:

Division of Family and Community Engagement (FACE) 52 Chambers Street, Room 108 New York, NY 10007

FACE will review all submissions for eligibility and conflicts of interest, and forward eligible applicants to the Public Ad vocate for final determination. FACE will notify you when your application has been forwarded; thereafter, please di rect all inquiries to:

New York City Public Advocate 1 Centre Street, 15th Floor North New York, New York 10007 (212) 669-7200

INSTRUCTIONS

Do NOT leave any section blank. If any portion of this application does not apply to you, please indicate "N/A" (not applicable) in that space.

COMPOSITION OF CITYWIDE COUNCILS

Chancellor's Regulations D-150, D-160, and D-170 set forth the eligibility requirements for members of the Citywide Council on Special Education (CCSE) and Citywide Council for District 75 (CCD75), Citywide Council on High Schools (CCHS), and Citywide Council on English Language Learners. The complete regulations can be found online at: http://schools.nyc.gov/RulesPolicies/ChancellorsRegulations/default.htm . Eligibility is determined at the time of application.

CCHS has 13 voting members: 10 (2 from each borough) elected parents of current high school students; 1 Public Advocate appointee; one CSSE and one CCELL appointee.

CCSE has 11 voting members: 9 parents of students currently receiving special education services paid for by DOE; and 2 Public Advocate appointees.

CCD75 has 11 voting members: 9 parents of students currently attending a District 75 program; and two Public Advocate appointees.

CCELL has 11 voting members: 9 parents of students in a bilingual or ESL program ("ELL students") currently or within the past two years.

A total of 7 positions on the citywide education councils are filled by appointment from the NYC Public Advocate.

WHO IS ELIGIBLE TO APPLY

All Public Advocate Appointees must reside in New York City. In addition.

For CCSE: appointees must be individuals with extensive experience and knowledge in the areas of educating, training or employing individuals with handicapping conditions, who will make significant contributions to improving special education in the NYC schools. (see Chancellor's Regulation D-150)

For CCD75: appointees must be individuals with extensive experience and knowledge in the areas of educating, training or employing individuals with handicapping conditions, who will make significant contributions to improving special education in the NYC schools. (see Chancellor's Regulation D-150)

For CCHS: appointees must be individuals with extensive business, trade or education experience and knowledge, and who will make a significant contribution to improving education in the NYC schools. (see Chancellor's Regulation D-160)

For CCELL: appointees must be individuals with extensive experience and knowledge in the education of English Language Learners who will make significant contributions to improving bilingual and ESL programs in the NYC schools.

Public Advocate appointees have no term limits.

WHO IS NOT ELIGIBLE TO SERVE

- Persons holding elective public office or elective or appointed party positions (except delegate or alternate delegate to a national, state, judicial or other party convention, or member of a county committee).
- Current Department of Education (DOE) employees.
- Persons who have been convicted of a felony, removed from a Citywide Council or Citywide Education Council (CEC) for an act of malfeasance directly related to service on such Citywide Council or CEC, or convicted of a crime directly related to service on such Citywide Council or CEC.
- · Members of the Panel for Educational Policy.
- Persons who have been removed from a PA/PTA, School Leadership Team, District or Borough Presidents' Council, or Title I Committee for an act of malfeasance or convicted of a crime, directly related to service on such association, team, council or Committee.
- Persons who are determined to have a conflict of interest by the DOE Ethics Officer or another designee of the Chancellor.



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APPLICANT INFORMATION



India	cate the Citywide Education Council to which you are applying: See "WHO IS ELIGIBLE TO APPLY" in the Instructions.
	Citywide Council on High Schools (CCHS)
	Citywide Council on English Language Learners (CCELL)
	Citywide Council on Special Education (CCSE)
	Citywide Council for District 75 (CC)
	Contact Information

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FIRST NAME	LAST NAME			
STREET ADDRESS	APARTMENT #			
CITY/BOROUGH	STATE	ZIP		
PREFERRED PHONE NUMBER	SECONDARY PHONE NUMBER			
EMAIL ADDRESS				

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ELIGIBILITY VERIFICATION

Answer the questions below. Additional questions may be asked to confirm your eligibility. Review the eligibility requirements provided in the Application Instructions. **Do not leave any section blank.**

Are you currently employed by the Department of Education? If yes, please indicate your title and location of your job below: TES NO Do you hold any elective public office or any elective or appointed party position other than delegate or alternate delegate to a national, state, judicial or other party convention, or member of a county committee? If yes, please describe below. YES NO Have you ever been convicted of a crime? If yes, please describe below. YES NO Have you ever been convicted of a felony? If yes, please describe below. YES NO Have you ever been removed from a PA/PTA, School Leadership Team, District Presidents' Council, Borough High School Council, Title I Committee, a community school board, a Community District Education Council, the Citywide Council on High Schools, the Citywide Council on English Language Learners, the Citywide Council for Special Education, or the Citywide Council for District 75? If yes, please describe below.		YES	NO
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P	PLICANT PUBLIC PROFILE					
the	the information in this section, separate from the rest of the application, may be made available to the public.					
	Applicant Name					
1	FIRST NAME	LAST NAME				
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List the name of every employer (including self-owned businesses):

- From which you received more than \$1,000 for services performed or for goods sold produced in the 12 months preceding the date you are completing this form, and/or
- Of which you were a paid member, officer, director, or trustee

If yes, describe and indicate whether you work in the Citywide Education Council district where you are applying. EMPLOYER NAME (Dates of employment) If yes, describe and indicate whether you work in the Citywide Education Council district where you are applying. School Districts? Answer: YES, NO, or UNKNOWN	early indicate "N/A" if	the section is not applicable	. N/A	
LICANT'S VOLUNTEER POSITIONS Tery organization in which you hold any volunteer (uncompensated) office or position, such as an officer, dec. Do NOT list organizations in which you are only a member. Elearly indicate "N/A" if the section is not applicable. N/A Title or brief description of your volunteer activity. Do you have any interaction with DOE? If yes, describe and indicate whether you volunteer in the Community School District where you are applying Does the organization do busing the properties of t		OYER NAME of employment) Do you have any interaction with DOE If yes, describe and indicate whether you work in the Citywide Education		If applicable, provide a description of ployer's business dealings with the D including Community School Distric
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CERTIFICATION		
I,(PRINT NAME ABOVE) the best of my knowledge.	, certify that all inf	nformation provided is true and accurate to
tains a false statement or false information,	ent for filing in the second of he offers or presents it to a	degree when, knowing that a written instrument co a public office or public servant with the knowled become a part of the records of such public office
I understand that providing false information disqualification or removal from a NYC Educ		pplication may subject me to criminal penalties and
By signing this page. I am verifying that I hav or Citywide Education Council and my respo		ne eligibility requirements for serving on a Commur buld I be elected.
 I UNDERSTAND THAT IF I AM ELECTED, I Work without compensation (this is a vol) Attend the council's monthly meetings at participate in committees. Be driven by the needs of all students not Be sensitive to the needs of families with Collaborate with all members of my Coul Participate in training programs at least of Commit to work diligently to improve our I can be reached at the following telephone reached 	lunteer position) Ind other meetings or hearing of just those of my own chile he diverse cultures and language incil as well as DOE staff. once a year. In public school system	guages.
(TELEPHONE NUMBER)		
APPLICANT SIGNATURE		DATE

Questions? Email CCECinfo@schools.nyc.gov or call (212) 374 3413.

