

Public Advocate Appointee Application Citywide Education Councils

July 1, 2019 - June 30, 2021



Citywide Education Councils

July 1, 2019 - June 30, 2021



SUBMIT COMPLETED APPLICATION

By email to:

CCECinfo@schools.nyc.gov

By 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 Advocate for final determination. FACE will notify you when your application has been forwarded; thereafter, please direct 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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EMAIL ADDRESS



AP	PLICANT INFORMATION					
Indi	cate the Citywide Education Council to which you	are applying: See "WHO	IS ELIGIBLE TO APPLY" in the Instruc	ctions.		
	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					
	FIRST NAME	LAST NAME				
	STREET ADDRESS		APARTMENT #]		
	CITY/BOROUGH	STATE	ZIP			
	PREFERRED PHONE NUMBER	SECONDARY PHO	NE NUMBER	1		

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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.**

	YES	NO
Are you currently employed by the Department of Education? If yes, please indicate your title and location of your job below:		
	YES	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. 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.		
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AP

nformation in this section, sepa	rate from the rest of the application, may be mad	e available to the public.		
In policiant Name LAST NAME				
RST NAME	LAST NAIVIL			
escribe school-related comm	unity or civic activities in which you participated t	hat you halieve will make you		
rong candidate.	inity of civic activities in which you participated t	nat you believe will make you		

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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

early indicate "N/A" i	if the section is not applicable	e. N/A	
EMPLOYER NAME (Dates of employment)	Job title or brief job description. Do you have any interaction with DO If yes, describe and indicate whetl you work in the Citywide Educatio Council district where you are apply	ner School Districts?	If applicable, provide a description of e ployer's business dealings with the DO including Community School Districts
example: Staples	Store Manager	yes	sells supplies to DOE, but not district 3
ICANT'S VOLUNT ery organization in which Do NOT list organization	ch you hold any volunteer (uncc	ompensated) office or po	osition, such as an officer, director
ery organization in whic . Do NOT list organizat		ember.	osition, such as an officer, director
ery organization in whic . Do NOT list organizat	ch you hold any volunteer (uncotions in which you are only a me if the section is not applicable Type of organization	ember.	Does the organization do business wit DOE, including Community School Distri-Answer: YES, NO, or UNKNOWN
ery organization in whice. Do NOT list organizat	ch you hold any volunteer (uncotions in which you are only a me if the section is not applicable Type of organization	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	Does the organization do business wi DOE, including Community School Distri
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CERTIFICATION		
I,	, certify that all ir	I information provided is true and accurate to
(PRINT NAME ABOVE) the best of my knowledge.		
tains a false statement or false infor	instrument for filing in the second mation, he offers or presents it to	nd degree when, knowing that a written instrument c to a public office or public servant with the knowled se become a part of the records of such public office
I understand that providing false info disqualification or removal from a NY		application may subject me to criminal penalties and
By signing this page. I am verifying the or Citywide Education Council and m		the eligibility requirements for serving on a Communould I be elected.
participate in committees. Be driven by the needs of all stude Be sensitive to the needs of famile Collaborate with all members of a Participate in training programs a Commit to work diligently to impression.	is a volunteer position) etings and other meetings or hear dents not just those of my own ch ilies with diverse cultures and lang my Council as well as DOE staff. at least once a year. rove our public school system	anguages.
(TELEPHONE NUMBER)	<u> </u>	
APPLICANT SIGNATURE		DATE

Questions? Email CCECinfo@schools.nyc.gov or call (212) 374-1936

