

Advisory Committee Application

Committee

For which advisory committee are you applying? (Select only **ONE** per application.)

- Assessment Accommodations Review Panel
 Local Assessment Advisory Committee
 State Assessments Technology Work Group

For descriptions of the assessment advisory committees, [see the Statewide Testing web page](#).
For information about registering for assessment advisory panels, [see the Register for Advisory Panels page](#).

Contact Information	
Name	
Title	
School District Name	
School District Number	
E-Mail Address	
Work Phone	

Qualifications

Summarize your knowledge and experience based on education, employment, or other experiences that would add value to the conversations of this advisory committee. Submit a curriculum vitae if you desire.

Interest Statement

Please explain why you are interested in serving as an advisor to the Minnesota Department of Education.

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Agreement

By submitting this application, I affirm that:

- I have my supervisor's permission to attend these advisory meetings at district expense (if applicable).
- I will try to attend all meetings and understand that excessive absence may result in the termination of my membership on the committee.
- I will honor the sensitive nature of some of the committee's planning and advice so that misinformation is not disseminated to my colleagues.

Signature	
Date	

To submit your application, email the completed form to mde.testing@state.mn.us or fax it to 651-582-8874.