

NOMINATION FORM
BOARD OF EDUCATION ADVISORY COMMITTEES
Term: July 2008 through June 2011

Please indicate the advisory committee and category (if applicable) for which this nomination is made. Submit a completed nomination form for each nominee on or before Monday, June 9, 2008, to:

Dr. Margaret N. Roberts
Executive Assistant to the Board of Education
Department of Education
P.O. Box 2120
Richmond, Virginia 23218-2120
Fax: (804) 225-2524
Margaret.Roberts@doe.virginia.gov

_____ **Advisory Board for Teacher Education and Licensure (ABTEL):
Seeking nominees in the following categories:**

- ___ Secondary Classroom Teacher (Career and Technical Education)
- ___ Classroom Teacher (Elementary)
- ___ Parent/Teacher Association Representative
- ___ Public School Principal
- ___ Middle School Classroom Teacher
- ___ Personnel Administration

_____ **State Special Education Advisory Committee (SSEAC): Seeking
nominees in the following categories:**

- ___ Parent of a child with a disability, Region 6
- ___ Parent of a child with a disability, Region 8
- ___ Local Director of Special Education

SSEAC (continued):

___ Representative of a Private School

___ Representative of an Institution of Higher Education: incumbent is eligible for reappointment to a second term

___ Person with a disability: incumbent is eligible for reappointment to a second term

___ Representative of a State Agency: incumbent is eligible for reappointment to a second term

___ Representative of the Department of Corrections: incumbent is eligible for reappointment to a second term

___ Representative of the Foster Care System: incumbent is eligible for reappointment to a second term

___ **Advisory Committee on Adult Education and Literacy (no specific category required)**

___ **Career and Technical Education Advisory Committee: (no specific category required; especially seeking nominees from post-secondary education institutions and business and industry)**

___ **Virginia Advisory Committee for the Education of the Gifted: (no specific category required)**

PERSON BEING NOMINATED: (Please print or type)

Name of nominee: _____

Current Position: _____

Home Address: _____

_____ Zip: _____

Work Address: _____

_____ Zip: _____

Home: () _____ Work: () _____

Fax: () _____

E-mail: _____

INDIVIDUAL OR ORGANIZATION MAKING THE NOMINATION:

Name: _____

Name of Individual Submitting Nomination: _____

Title: _____

E-mail: _____

Address: _____

_____ Zip: _____

Phone: () _____ Fax: () _____

Nominee's Biographical Introduction to the Members of the Board of Education: (Please provide a short narrative on the nominee including educational background, professional and work experience accomplishments, and community service. It is not necessary to attach a vita.)

For nominations to the *Advisory Board for Teacher Education and Licensure*, please respond to the following two items:

1. Nominee's Educational Philosophy:

2. Nominee's Perspectives on Teacher Education and Licensure:

a. Perspective on Teacher Education

b. Perspective on Licensure

Thank you!