# EXHIBIT A – Evaluation Cadre Member Qualifications

## Evaluator Qualifications

Please provide a response to ALL questions. Responses should address all aspects of the question and applicants should make an effort to be concise.

**Name:**

**Contact Information:**

**Email:**

**Primary Phone:**

**Secondary phone:**

1. New Charter School Application Evaluators are expected to have an understanding of and commitment to charter schooling as a strategy for strengthening public education. Please describe your understanding of charter schooling in Washington State and/or in another state, and the role it plays in strengthening public education and explain the basis for your commitment to this principle.

1. Please describe the experience you have in evaluating charter school applications, programs, projects or proposals at either the local, state or national levels. Describe the specific nature of your application evaluation experience and whether you participated on a team or evaluatedindependently.

1. Please describe any specific experience you have in education programs and student achievement, curriculum development, instruction, school operations, school governance and school finance, culturally responsive education systems and/or special populations. Please be sure to highlight the following, as applicable:
	1. Number of years’ experience;
	2. Grade levels served;
	3. Date of most recent experience;
	4. Type of school (private, charter, traditional district-run); and
	5. Amount of experience that took place in Washington State.

1. Please provide your understanding of the importance of culturally responsive education systems. Be sure to address culturally responsive instruction, discipline policies and practice and school climate.

1. Please provide your Resume or Curriculum Vitae (CV)
2. Please provide a list of at least three (3) professional references with knowledge of your application evaluation experience. Include names and relevant contact information.

Reference #1:

Name:

Phone Number:

Email:

Other:

Reference #2:

Name:

Phone Number:

Email:

Other:

Reference #3:

Name:

Phone Number:

Email:

Other:

1. Have you ever been an evaluator for Charter school applications:
	1. With the Washington State Charter School Commission:

[ ]  YES [ ]  NO

If Yes, indicate the year(s):

* 1. With another authorizer:

[ ]  YES [ ]  NO

If yes, indicate authorizer(s):

1. Please provide evidence that you are licensed to do business in Washington State.

1. Please note any other experience relevant to the school authorization processes.