



British Columbia Teachers' Federation

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-2283, 1-800-663-9163 • www.bctf.ca
TTY 604-871-2185 (deaf and hard of hearing) Professional and Social Issues Division fax number: 604-871-2286

BCTF REPS TO PROVINCIAL CLASSROOM ASSESSMENT DEVELOPMENT TEAM MEMBER APPLICATION FORM

PLEASE PRINT—Using black ink for photocopying

Date: _____

Specific group I represent (✓):

| Team | Reps | ✓ |
|--|------|---|
| Provincial Classroom Assessment Development Team K-2 | 3 | |
| Provincial Classroom Assessment Development Team 3-5 | 3 | |
| Provincial Classroom Assessment Development Team 6-7 | 3 | |
| Provincial Classroom Assessment Development Team 8-9 | 3 | |

Male Female

(GIVEN NAMES—underline preferred name)

(SURNAME)

Home address: _____

City or town: _____ Postal code: _____

Home #: _____ School/work #: _____

Fax #: _____ Email: _____

School name or place of work: _____

School/work address: _____

School district #: _____ School district name: _____

Because the BCTF has an affirmative action policy, each applicant may wish to provide, on a voluntary basis, the information as to whether she or he is female or male, an ethnic minority, a First Nations person, a person with a disability, or LGBTQ: _____

ACADEMIC QUALIFICATIONS

| Degree | Year | University | Major field(s) | Minor field(s) |
|--------|------|------------|----------------|----------------|
| | | | | |
| | | | | |
| | | | | |
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PREVIOUS ASSESSMENT EXPERIENCE (e.g., FSAs, other assessments, coursework, research)

| Type of assessment | Subject and grade level | Year |
|--------------------|-------------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

TEACHING EXPERIENCE—please be as specific as possible (list most recent experience first)

| School(s) | Subject and grade level | Year |
|-----------|-------------------------|------|
| | | |
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| | | |
| | | |
| | | |

Other relevant education or training: _____

Specify how you meet the selection criteria on the committee posting:

REFERENCES (please submit the names of two people who will serve as your reference)

1. Name: _____ Home #: _____
Position: _____ Work #: _____
Email: _____
2. Name: _____ Home #: _____
Position: _____ Work #: _____
Email: _____

Please note: Personal references and a local association reference may be checked. Information given will be treated confidentially. The fact that you have expressed a willingness to serve as a teacher consultant is not treated confidentially. Photocopies of this completed form will be made available to the BCTF short-listing committee.

Please return this form to:
Professional and Social Issues Division at the BCTF
Email: applications@bctf.ca Fax: 604-871-2286