**Professional Development for Arts Educators Program**

**Reviewer Checklist**

Thank you for your interest in serving as a reviewer. Your completion of this checklist will assist us in selecting appropriate reviewers for the grant competition.

**Personal Information**

Prefix First Name Last Name

Mailing Address

Telephone Number Fax Number E-mail Address

**Employment Information**

Employer

Position Title

Mailing Address

Telephone Number Fax Number E-mail Address

**Preferred Mailing Address:** Please indicate the address to which we should send documents.

\_\_ Work \_\_ Home

**Review Experience:** Please list the programs and years for which you have served as a reviewer for the U.S. Department of Education, if applicable. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** Please indicate the highest degree and year earned.

\_\_ Associates Degree or Certification \_\_ Master’s Degree

\_\_ Bachelor’s Degree \_\_ Doctorate

\_\_ Year earned

**Areas of Specialization:** Please check the areas of specialization in education.

\_\_ Arts or Arts Education \_\_ High School Education \_\_ Professional Development

\_\_ Elementary School Education \_\_ Special Populations \_\_ Research and Evaluation

\_\_ Middle School Education \_\_ Curriculum Development

**Availability:** Please indicate the times during which you are available for conference calls.

\_\_ Morning \_\_ Afternoon \_\_ Early Evening

**Optional**

\_\_ Black or African American \_\_ Hispanic or Latino

\_\_ White \_\_ American Indian or Alaskan Native

\_\_ Asian \_\_ Native Hawaiian or other Pacific Islander

**Conflict of Interest:** To the best of my knowledge, I certify that I do not have a conflict of interest with respect to any of the applications being considered for this competition. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_