



**U.S. Department of Education
Office of Safe and Drug-Free Schools
PEER REVIEW CHECKLIST**

Please Note: The current version of Adobe Acrobat Reader is required to complete and save this PDF form.
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Thank you for your interest in serving as a peer reviewer for the Office of Safe and Drug-Free Schools (OSDFS). The peer review of discretionary grant applications is designed to ensure that projects meet the purpose and intent of the legislation and are fully responsive to the selection criteria. The review should be objective, fair, and equitable. Reviewers will be carefully chosen for their expertise and ability to assess a proposed project's quality and merit. By completing this checklist, you can assist us in making appropriate selections for peer review panels.

Salutation First Name M.I. Last Name
Social Security Number

Home Address:

Address
City State Zip Code
Phone Number Cell Phone Number
Fax Number E-Mail Address

Work Address:

Employer
Department Position/Title
Address
City State Zip Code
Phone Number Alternate Phone Number
Fax Number E-Mail Address

Preferred Mailing Address:

Home Work (Please note that Federal Express does not deliver to P.O. Boxes)

Ethnicity: (Please select only one)

Hispanic or Latino Not Hispanic or Latino

Race: (Please select one or more)

African American or Black Asian Caucasian or White
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Employment: Please check the box that best describes your most recent place of employment

- | | |
|--|--|
| <input type="checkbox"/> School (K-12 classroom or administration) | <input type="checkbox"/> State or Local Government |
| <input type="checkbox"/> Institution of Higher Education (IHE) | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Local Educational Agency (LEA) | <input type="checkbox"/> Private Industry |
| <input type="checkbox"/> State Educational Agency (SEA) | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Other Educational Institution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Not for Profit Organization | |

Please Describe:

Is your salary currently being paid in whole or in part by an OSDFS-funded project?

- YES NO

If yes, please identify the funded project

Education: Please check the highest degree and/or certificate earned and the year it was earned. In the box provided, please indicate the area(s) of specialization for your degree.

Year of Most Recent Degree (ex: 2009):

- Associate Degree or Certification Specialization(s):
- Bachelor's Degree Specialization(s):
- Master's Degree Specialization(s):
- Doctorate Specialization(s):
- Certificate or License (Specify Type):
- Other (Please Specify)

School Age Group:

Please check the school level with which you have had the most experience:

- Early Childhood Elementary Middle
- Secondary Higher Education

Please indicate the number of years of experience you have with this school level: Years

Areas of Specialization:

Please identify, in rank order, up to **four (4) major areas of specialization you have had in education**. Of those you identify, four (4) signifies the area which you have the highest level of experience and one (1) the lowest.

- Alcohol, Tobacco, and Other Drug Prevention Programs
- Character Education and/or Civic Education
- Emergency Management, Disaster Response, and/or School Security
- School-Based Mental Health Services
- School-Based Health and Wellness Programs
- Violence Prevention Programs
- Cultural competence and experience working with diverse communities

The following skills and expertise are needed by a reviewer and should be noted when applying:

- Strong writing, listening and speaking skills;
- Superior analytical skills, including the ability to provide thoughtful and objective evaluations of proposals using the given selection criteria;
- Relevant education, training or experience in the subject area of the grant program;
- Knowledge of and/or experience with program planning, implementation, and/or research and evaluation processes;
- Ability to work collegially with others in a team environment; and
- Experience working with diverse communities.

How did you hear about this opportunity to serve as a Peer Reviewer for OSDFS?

U.S. Department of Education/OSDFS Web site

E-mail from competition manager

E-mail from OSDFS Peer Review Contractor

OSDFS Peer Review Web site

Word of Mouth

OSDFS Meeting (Please Describe):

General ListServ (Please Describe):

Other (Please Describe):