U.S. Department of Education
Office of Innovation and Improvement
Magnet Schools Assistance Program

PEER REVIEWER INFORMATION CHECKLIST

Thank you for your interest in serving as a peer reviewer for the Magnet Schools Assistance Program (MSAP). By completing this checklist, you will help the MSAP team ensure that relevant information which may not be included or easily found within your resume is appropriately highlighted. This will assist us in making quality selections and assignments for review panels. *To be considered as a peer reviewer for MSAP, you must complete this checklist and send it along with your resume in an e-mail to: msap.team@ed.gov.*

I. GENERAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

Current Employer: _____

E-mail Address: _____ Cell Phone _____

Home Phone _____ Work Phone _____

II. CURRENT ROLE

Please select only **ONE** of the following:

- ☐ State or District Education Official
- ☐ Pre-K-12 Educator
- ☐ Collegiate Educator
- ☐ Researcher or Evaluator
- ☐ Civil Rights Expert in Desegregation
- ☐ Education Policy Expert
- ☐ Education Grant Manager
- ☐ Other (please specify)- _____

III. ATTRIBUTES and SKILLS

Please indicate **ALL** of the areas of expertise which apply to you:

- ☐ Magnet School Planning and Implementation
- ☐ Education and Civil Rights Law
- ☐ Education Administration, Curriculum, and Staff Development
- ☐ Evaluation of Educational Programs
- ☐ Other (specify)- _____

IV. SUBJECT MATTER EXPERTISE

Please indicate **ALL** of the areas of expertise which apply to you:

- ☐ Data Analysis
- ☐ Education Program Evaluation
- ☐ Desegregation Orders or Voluntary Deseg. Plans
- ☐ Student Recruitment Strategies
- ☐ Magnet/ Theme Based Educational Approaches
- ☐ Minority Achievement
- ☐ Public School Choice
- ☐ Elementary and Secondary ED Administration
- ☐ Other (specify)-

V. CONFLICT of INTEREST

Please be aware that any individual selected as a peer reviewer for the MSAP competition will include a review for possible, apparent, and/or actual conflicts of interest. All potential peer reviewers will be required to complete the following conflict of interest questionnaire. The questionnaire generally seeks to obtain information about the applicant's professional experience(s), including any financial interest that the applicant may have in any MSAP application. If a potential conflict of interest is identified, the Department will consider whether the individual can participate as a peer reviewer in full compliance with all applicable Department policies and procedures. In this way, the Department is able to ensure the objective and efficient management and administration of the MSAP program, which ultimately ensures the integrity of the Department's functions and the public's confidence in that integrity.

1. Have you agreed to serve as an employee or consultant, or otherwise provide assistance or advice, on any project for which funding is being sought in an application that will be submitted in the MSAP grant competition, or have you been offered the opportunity to do so and not yet accepted or declined, based on whether a grant is awarded?

☐ Yes ☐ No

If yes, please briefly explain:

2. Will your personal financial interests be affected by the outcome of the MSAP grant competition?

☐ Yes ☐ No

If yes, please briefly explain:

3. Did you help to prepare, or do you plan on helping to prepare, one or more applications that will be submitted in the MSAP grant competition, even if you do not have a financial interest in the outcome of the competition?

☐ Yes ☐ No

If yes, please briefly explain:

VI. AVAILABILITY

The MSAP reviews require a minimum of 3 weeks commitment (not full-time) from March - April 2013, primary remote and/or via telephone conference. Please indicate the times you are available during this time frame.

☐ Available the entire time frame as needed

☐ Partial availability during the time frame

Please indicate the dates you are available.