

Teacher Advisory Council Application

Shape the future of our district. We are excited to receive your application. Please submit this application no later than September 15, 2025.

* Indicates required question

1. Email *

2. Full Name *

3. Current School *

4. Grade Level/Subject *

5. Years of Experience *

Mark only one oval.

☐ 1-3

☐ 4-10

☐ 10+

6. **Statement of Interest: Please state why you wish to serve on the council and what unique perspective you would bring.** *

7. **Describe a significant challenge facing teachers in our district and propose a constructive, actionable idea to address it.** *

8. **How would you effectively gather and represent the diverse viewpoints of your colleagues, even those that may differ from your own?** *

9. **I understand that this council will meet quarterly outside of contract hours. Participation on this council will require a commitment to being the voice for all teachers, not just myself. I agree to support respectful, confidential, and solutions-oriented dialogue.** *

Check all that apply.

☐ **I acknowledge the time commitment and responsibilities required for serving on the Teacher Advisory Council. I commit to attending meetings and participating constructively.**

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