

## A New Vision for Public Education in Texas Consortium Associates Application

*Please complete the application below by January 17, 2014. You will be contacted following a review of your application by the THPSC Steering Committee. Selected districts will be invited to a Consortium Associates Orientation and Planning Meeting to be held in conjunction with TASA's 2014 Midwinter Conference in Austin. If you are unable to secure board support prior to the Midwinter Conference but are committed to partnering in the Consortium work, we encourage you to attend the orientation meeting.*

### District Information

\* **District:**

\* **District Superintendent:**

\* **Phone #:**

\* **Email Address**

### Purpose/Rationale

\* **Briefly describe the district's purpose and rationale for joining the transformation work of the Consortium, including your current transformation efforts and any evidence of board/community support for this work.**

\* **Select the working groups your district will join (check all that apply):**

Development of high-priority learning standards

Use of multiple assessments to measure learning

- Digital integration into student learning
- Community-based accountability systems

## Commitment to Vision Principles and Consortium Initiatives

**\* By notation (Agree/Disagree) in the appropriate column below, attest to your willingness to engage meaningfully as a contributing and learning member of the transformation group.**

	Agree	Disagree
I/we have secured board of trustees support for engaging in the transformation work (attach resolution or board meeting minutes, below.)		
I/we agree to share the work that is taking place in the district with Consortium members and other district partners.		
I/we agree to participate in one or more Consortium working groups and regional consortia.		
I/we agree to join TASA's Texas School Transformation Network.		
I/we agree to commit staff time and resources to support participation in the work.		
I/we are committed to creating a community-based accountability system in accord with the vision principles.		

**\* Attach resolution or board meeting minutes**

no file selected

## Superintendent's Authorization

**\* The district superintendent's full name entered in the space provided below will serve as authorization for your district's application to the TASA Consortium Associates program.**

**\* Date (xx/xx/xxxx):**

\* Indicates Response Required