



Parent Leaders Wanted

2020-21 State Superintendent's
Parent Advisory Council

Share your voice.

Partner with us in supporting Wisconsin's public schools.
Join the Parent Advisory Council.

- Promote family and community engagement in schools.
- Connect directly with State Superintendent Carolyn Stanford Taylor.
- Learn about and discuss state-level education issues that matter to you.
- Meet other parent leaders from across Wisconsin.
- Share ideas and questions from your district.
- Bring it all back to your community.

WHAT IS THE COMMITMENT?

Parent Advisory Council members commit to attending three to four meetings in Madison during the school year. Travel expenses are reimbursed, and translation will be provided upon request. Members may also participate in occasional webinars.

Meetings for 2020-21: Oct 16, Feb 19, Apr 23

HOW DO I GET INVOLVED?

Members must be parents/guardians with at least one PreK-12 student enrolled in a Wisconsin public school. School district employees are not eligible.

Nominate yourself or another parent using the form on the reverse of this flyer. Return it by August 4, 2020 to Stacy Broach at stacy.broach@dpi.wi.gov or call (608) 266-5184.



WISCONSIN DEPARTMENT OF

PUBLIC INSTRUCTION

Carolyn Stanford Taylor, State Superintendent



PO BOX 7841
MADISON, WI 53707-7841

Section 15.04(1)(c), Wisconsin Statutes, authorizes the head of a department or independent agency to create and appoint such councils or committees as required in the operation of the department. Members of councils and committees created under this general authority, including statutory councils, shall serve without compensation but may be reimbursed for actual and necessary expenses. All groups created by the state superintendent or authorized by statute are considered the state superintendent's advisory councils.

Nominees to serve on state superintendent's advisory councils should reflect an overall representation when assessed in terms of geographic location, and racial and gender balance. All nominees must be knowledgeable of the purpose for the committee to which they are being appointed and willing to commit to the time needed to accomplish the work involved.

I. GENERAL INFORMATION
For DPI Completion

Committee Name State Superintendent's Parent Advisory Council	DPI Liaison Stacy Broach, 608-266-5184
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Committee established by

<input type="checkbox"/> State Requirement	<input type="checkbox"/> Federal Regulations	<input checked="" type="checkbox"/> DPI Identified Need	<input type="checkbox"/> Governor's Office
<input type="checkbox"/> Joint State Agency Planning Effort	<input type="checkbox"/> Other Specify		

Committee Status is regarded as <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	Number of Meetings Planned <i>Per Year</i> 3 to 4	Total Membership 20
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Mission of Committee

To foster communication and engagement of parents and community members on student success; share information about education issues, programs and resources; and provide a parent voice to the Department of Public Instruction.

II. NOMINEE INFORMATION

Name of Nominee <i>Check</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms First Name Middle Initial Last Name	<i>Check One</i> <input type="checkbox"/> Self Nomination <input type="checkbox"/> Nomination by an organization <input type="checkbox"/> Nomination by another individual or affiliation	Date of Birth <i>Mo./Day/Yr.</i>
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Address of Nominee <i>Street, City, State, Zip</i>	<i>If nominated by an organization, Indicate Name of Organization</i>
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Nominee Telephone <i>Area/No.</i>	Contact Person
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E-Mail Address of Nominee	Contact Person Telephone <i>Area/No.</i>
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Working Title of Nominee <i>If applicable</i>	School District in Which Nominee Resides
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<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White	Disability Status Requested only if a requirement for membership
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For Parent/Legal Guardian Nominees Only

Grade Level(s) of Nominee's School-Age Children	School District of Attendance
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III. STATEMENT OF QUALIFICATION/INTEREST

Briefly describe nominee's qualifications to serve on committee. If you are nominating yourself, tell us why you are interested.

IV. SIGNATURE

Signature of Person Making Nomination or Nominee if Self-nomination	Date Signed <i>Mo./Day/Yr.</i>
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