

Office of Special Education and Rehabilitative Services Peer Reviewer Data Form

Thank you for your interest in being a peer reviewer for the Department of Education, Office of Special Education and Rehabilitative Services (OSERS). By responding to the following questions you can assist us in making appropriate selections for equitable peer review panels. Send the completed form and current resume to OSERS Peer Reviewer email address at: OSERSPRS@ed.gov. We appreciate your time in completing this form.

- First Submission
- Update to Previous Submission
(Complete section 1 plus any section needing updates)

1. **Mr.** **Mrs.** **Ms.**

First Name _____
Middle Initial _____
Last Name _____
Suffix (i.e. Jr., III) _____

2. **Gender:** Male Female

3. **Home Address:**

P.O. Box _____
Street _____
City, State & Zip Code _____
Phone Number _____
TDD Number _____
Fax Number _____
E-mail Address _____

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0583. Note: Please do not return the completed OSERS Peer Reviewer Data Form to this address.

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4. Work/Alternate Address:

Employer _____
Department _____
Position Title _____
P.O. Box _____
Street _____
City, State & Zip Code _____
Phone Number _____
TDD Number _____
Fax Number _____
E-mail Address _____

5. List Educational Degrees and Areas of Expertise, including any experience reviewing Federal discretionary grant applications:

Please check **one** address (home or work/alternate) for each type of correspondence.

Financial Address	Address where financial documents (e.g., 1099's, honorarium and per diem checks) will be sent.	<input type="checkbox"/> Home <input type="checkbox"/> Work/Alt.
FedEx Address	Address where confirmation packets, applications, and airline tickets will be sent. Must include a street (i.e., cannot be a P.O. Box).	<input type="checkbox"/> Home <input type="checkbox"/> Work/Alt.
Roster Address	Address that will appear on the panel roster for dissemination to other peer reviewers.	<input type="checkbox"/> Home <input type="checkbox"/> Work/Alt.

5. Ethnicity: Are you (select only one)

- Hispanic or Latino
 Not Hispanic or Latino

Race: Are you (select one or more)

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

6. Disability: Please select any that apply:

- Individual with a Disability
 Spouse/Partner of an Individual with a Disability
 Parent of an Individual with a Disability
 Birth date of your youngest Child with a Disability _____
 Sibling of an Individual with a Disability

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Any reasonable accommodation required by reviewers will be provided.