

Office of Special Education Programs Peer Reviewer Data Form

Thank you for your interest in being a peer reviewer for the Department of Education, Office of Special and Rehabilitative Services (OSERS). Your response to the following questions can assist us in making appropriate selections to form equitable and inclusive peer review panels. Email the completed form and your current resume to OSERSPRS@ed.gov. We appreciate your time in completing this form.

Please check the applicable box:

First Submission
(Complete all sections)

Update to Previous Submission
(Complete section 1 plus any other applicable section)

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

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

2. **Gender:** Male Female

3. **Work/Alternate Address:**

Employer _____
Department _____
Position Title _____
P.O. Box _____
Street _____
City, State & Zip Code _____
Phone Number _____
TDY Number _____
Fax Number _____

4. **Home Address:**

P.O. Box _____
Street _____
City, State & Zip Code _____
Phone Number _____
Cell Number _____
TDD Number _____
Fax Number _____

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

Financial Documents	Address where financial documents (e.g., 1099's, honorarium and per diem checks) can be received.	<input type="checkbox"/> Home <input type="checkbox"/> Work/Alt.
Other Documents	Address where confirmation packets, applications can be received, if necessary. Must include a street (i.e., cannot be a P.O. Box).	<input type="checkbox"/> Home <input type="checkbox"/> Work/Alt.

5. **Email Address:**

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Preferred Email Address _____

Alternate Email Address _____

6. List Educational Degrees with Major, Specialization, Licensure, Certification and Program:

7. List areas of Expertise: _____

If applicable, list the grant program and date of the last competition on which you served as a reviewer: _____

8. **Hispanic Ethnicity:** Are you of (select only one):

- Hispanic, Latino, or Spanish origin
 Not Hispanic, Latino, or Spanish origin

9. **Race:** Please select your race (select one or more):

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

10. **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
 Birthdate of youngest Child with a Disability _____
 Sibling of an Individual with a Disability
 Other:

 Explain: _____

11. If you are an individual with a disability, what specific accommodations should we provide to enable your full participation in panel reviews?

12. Please list anything not covered above that may impact your availability when participating in panel reviews (i.e. work schedule)?

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. The valid OMB control number for this information collection is **1820-0583** 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 **mandatory (IDEA, H.R. 1350, Section 682 & EDGAR §75.217)/required to obtain or retain benefit (IDEA, H.R. 1350, Section 682 & EDGAR §75.217) or voluntary**. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact U.S. Department of Education, Office of Special Education and Rehabilitative Services, Attn: Justin Hampton 550 12th St, S.W., Washington, D.C. 20202-2550