

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). 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 item 1 plus any other applicable item)

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

First Name _____

Middle Initial _____

Last Name _____

Suffix (i.e., Jr., III) _____

2. **Sex:** ☐ 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 _____

5. 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. ☐ Home ☐ 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). ☐ Home ☐ Work/Alt.

6. Email Address:

Preferred Email Address _____

Alternate Email Address _____

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

8. List areas of Expertise: _____

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

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

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

11. **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

12. **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: _____

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

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. 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.