Commission of the Council on Occupational Education

BIOGRAPHICAL DATA SHEET:
VISITING TEAM MEMBERS*

New ____ Update ____

Dr. / Miss / Mr. / Mrs. / Ms.: _____ Date of Birth: _____

Present Position: _____

Name of Institution: _____

Office Address: _____ Home Address: _____

_____ _____

_____ _____

_____ _____

Office Phone: _____ Ext. #: _____ Home Phone: _____

Fax #: _____ Office e-mail Address: _____

Cell Phone (optional): _____

Briefly describe your current responsibilities:

_____

_____

_____

_____

Briefly describe your educational background:

_____

_____

_____

_____

Briefly describe your teaching experience:

_____

_____

_____

_____

Briefly describe your other work experiences:

_____

_____

_____

_____

Does any of your teaching experience include distance education instruction? YES ___ NO ___

Have you ever attended a workshop for visiting team members? YES ___ NO ___ If "YES", Date: _____

Have you ever served as a COE visiting team member? YES ___ NO ___

Below are the titles of the standards to evaluate institutions. Please number all standards you have sufficient competency to evaluate. Place a "1" by your first choice of standards to evaluate, "2" by your second choice, "3" by your third choice, etc..

___ Standard I – Institutional Mission & Objectives
___ Standard II – Educational Programs
___ Standard III – Program & Institutional Outcomes
___ Standard IV – Evaluation & Planning
___ Standard V – Learning Resources
___ Standard VI – Physical Resources
___ Standard VII – Financial Resources
___ Standard VIII – Human Resources
___ Standard IX – Organizational Structure
___ Standard X – Student Services & Activities

Please list below the educational programs you are qualified to evaluate. Your strongest subjects (based on your training, experience, and interest) should be listed first.

_____ _____
_____ _____
_____ _____

Please list any additional information that will assist the Commission in effectively utilizing your capabilities as a visiting team member. **Be sure to include your involvement with distance education instruction.**

_____
_____

List the years of experience you have as:

____ An Administrator/Supervisor
____ A Member of the Armed Forces
____ A Member of a State Department of Education

An Instructor in:

____ Elementary School
____ Secondary School
____ A Postsecondary Institution

List the years of experience (administration, supervision, teaching) you have in:

____ Publics Schools ____ Proprietary / Private Schools ____ Industry Schools ____ Military Schools

A team member must attend a team member workshop before serving as a team member and thereafter must attend a team member workshop at least every five years. (NOTE: The Commission may waive this requirement in special circumstances.)

SIGNATURE: _____ DATE: _____

RECOMMENDED BY: _____

PLEASE RETURN TO:
Gary Puckett, Executive Director
Council on Occupational Education
41 Perimeter Center Ease, NE, Suite 640
Atlanta, GA 30346
(800) 917-2081
Fax: (770) 396-3790

** This COE Biographical Data Sheet should be submitted only by individuals who are willing to serve as team members without pay and have the ability to communicate effectively , both verbally and in writing. Precision and clarity in writing, as well as an adequate mastery of such grammatical considerations as spelling and punctuation are required since team members must do their own editing and proofreading*