



Washington Educator Skills Tests—Endorsements (WEST–E) TEST DEVELOPMENT APPLICATION

For Office Use Only
D P F N _____
A D _____

Please complete and fax this form to the Committee Recruitment Group at Evaluation Systems at (866) 565-4877 (toll free).

1. Salutation: _____ Name: | _____ | _____ | _____
(Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)
2. Your title: _____
3. School/Institution name: _____
4. School district name: _____
5. Work address: Address line 1 _____
(If indicating a P.O. Box, please include actual street address for FedEx purposes.)
Address line 2 _____
City: _____ State: _____ Zip: _____
6. Home address: Address line 1 _____
(If indicating a P.O. Box, please include actual street address for FedEx purposes.)
Address line 2 _____
City: _____ State: _____ Zip: _____
7. Preferred address for correspondence: Home Work
8. Work phone: (____) _____ Ext.: _____ TDD? Yes No
(Area Code) Number
9. Home phone: (____) _____ TDD? Yes No
(Area Code) Number
10. Cell phone: (____) _____ 11. Fax: (____) _____
(Area Code) Number (Area Code) Number
12. E-mail address (work): _____
13. E-mail address (home): _____
14. Preferred method of communication: E-mail Phone Mail
15. Geographic region of Washington state:
 Eastern Central Northwest Southwest Olympic Peninsula Seattle/Tacoma Area
16. Student population of district:
 Less than 500 501–1,000 1,001–5,000 5,001–10,000 Over 10,000
17. What is the highest level of education you have attained? Bachelor's degree Master's degree Doctoral degree
18. Do you currently hold a valid Washington teaching certificate? Yes No
19. Provide your certificate number: _____
20. Are you certified to teach in public schools in another state? Yes No (State: _____)

21. List types of certification and area(s) of endorsement: _____

22. How many years of teaching experience do you have?
 0–3 years 4–6 years 7–10 years 11 or more years
23. Languages other than English in which you are proficient: _____
24. List professional organization(s) (up to three) of which you are a member: _____

25. Have you had experience with student teachers, entry-level educators, or teacher education candidates/majors not yet ready for student teaching? Yes No
26. If yes, list relevant experience: _____

27. How recently have you had experience with student teachers, entry-level educators, or teacher education candidates/majors not yet ready for student teaching? Within the past 3 years 4 or more years ago
28. Please list any other relevant experiences and/or achievements that support your application (e.g., other committee work, test development or test scoring activities, curriculum development activities, research, publications):

To Be Completed by K–12 Educators

29. Are you currently serving as an educator in a Washington school (K–12)? Yes No
 (Last year of teaching: _____)
30. What is your current position? Early Childhood Elementary Middle Grades
 Secondary Administrator Specialist
31. What are the most recent grade levels you've taught? Check all that apply.
 K 1–3 4–6 7–8 9–12 All levels (K–12)
32. What are your current K–12 teaching assignment(s)? _____

To Be Completed by College/University Educators

33. Are you currently a faculty member at a Washington college/university? Yes No
34. What is your primary academic departmental affiliation (e.g., English Dept.)? _____
35. What is your current position? Teacher education faculty Other than teacher education faculty
 Both teacher education faculty and other than teacher education faculty
36. What is the most recent college level you've taught? Undergraduate Graduate
 Both Undergraduate and Graduate

I certify that the information that I have indicated on this form is accurate to the best of my knowledge.

Signature: _____ Date: _____

Washington Educator Skills Tests—Endorsements (WEST–E)

Supplemental Personal Information for WEST–E Participants

Name: _____

School/Institution Name: _____

The Professional Educator Standards Board (PESB) is committed to having diversity amongst individuals participating in the WEST–E program. This includes men and women with appropriate representation of racial and ethnic groups and individuals with disabilities. To enable the WEST–E to accomplish this goal, you are asked, but not required, to provide the information on this form.

1. Ethnicity (choose one):

- American Indian or Alaskan Native Black/African American (not of Hispanic origin)
 Hispanic Asian or Pacific Islander
 White (not of Hispanic origin) Multi-racial (two or more of the above)

2. Gender: Female Male

3. Do you have a disability? No Yes

4. If yes, please specify: _____
