



Policy Institute



APPLICATION

School Board Director Information

Name: _____

Street Address: _____

City: _____ Zip code: _____

Phone Number: _____

Preferred email address: _____

School district: _____

Year elected or appointed in: _____

PA Required School Director Training (Act 55 of 2017 and Act 18 of 2019)

Did you complete required school director training?

Yes

No

If yes, how did you complete your training requirements?

by attending an in-person PSBA RQD program

online PSBA RQD program via myPSBA.org

through a different PDE approved RQD provider



Demographic Information (Optional)

By answering the following questions, you allow us to better support the unique needs of school board directors.

What age group do you fit into?

20-29

30-39

40-49

50-59

60-69

70-79

80 years or older

To which gender identity do you most identify?

Male

Female

Transgender Female

Transgender Male

Gender Variant/ Non-Conforming

Not Listed

Prefer not to answer

Do you identify as part of the LGBTQIA+ community?

Yes

No

Prefer not to answer

To which race/ethnicity do you most identify?

White

Black or African American

American Indian/ Indigenous and Alaska Native

Asian

Native Hawaiian and Other Pacific Islander

Latino/a/x

Two or More Races

Other

Prefer not to answer

