



**Innovative Quality Schools Cadre Interest Form**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Highest Education Degree Completed \_\_\_\_\_  
Teaching and Administrator Licenses \_\_\_\_\_  
Minnesota Teaching License Number \_\_\_\_\_  
Minnesota License Expiration Date \_\_\_\_\_  
Teaching or Administrator Experience (Last five years)

Explain how your expertise and experience will be helpful as a cadre member in observing IQS member schools.

Areas of Expertise (Select all that are applicable)

- Mission, goals, and program model
- Governance of school performance
- Evaluation of student/school performance
- Financial performance
- Operations of school performance

Additional Information (Optional)

Email this completed form and a copy of your resume to Dr. Tom Tapper, Managing Director at [tapper@iqsmn.org](mailto:tapper@iqsmn.org)