



2023 ESPs: Supporting Our Own Through Peer Mentoring Pilot Program Planning Workshop



APPLICATION DEADLINE: March 1, 2023

Interested local or state Associations should form their teams, complete their pre-learning, and apply below no later than March 1, 2023. All applicant teams will be informed of their application status no later than March 24, 2023.

Team applications will only be considered if all team members have completed the ESP mentoring learning path course and your team has submitted their ESP mentoring program checklist to ESPMentoring@nea.org by March 1, 2023.

One team member should apply on behalf of your team. There should be only one application submitted per team.

- Teams should have 3-5 members: No fewer than three and no more than 5.
- NEA will fully fund three members of each team to participate in the workshop. Additional members will be self-funded.
- ESP, teacher, and SISP (specialized instructional support personnel) team members must be NEA members.
- We highly encourage including partners and potential partners, such as school district/university representatives or a teacher ally.

For complete details on pre-learning, the application process, and NEA funding, visit www.nea.org/espmentoring2023workshop

Questions? Contact ESPMentoring@nea.org

Team Member # 1 (fully funded)

One team member should apply on behalf of your team. There should be only one application

1. **Team Member # 1:** First name *

2. **Team Member # 1:** Last name *

3. Does your team represent a local association or state affiliate? *

- ☐ Local
- ☐ State
- ☐ Other

4. State *

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado

- ☐ Delaware
- ☐ Federal Education Association
- ☐ Florida
- ☐ Georgia
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico

- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

5. Local association (please do not abbreviate) *

6. Primary email address *

7. Cell phone number *

8. Which category best represents you? *

- ☐ Education Support Professional
- ☐ Active Professional (teacher, specialized instructional support personnel)
- ☐ Affiliate Staff
- ☐ School or College Administrator
- ☐ Other

9. Which ESP career family best describes the work you do most of the time? *

- ☐ I am not an ESP member
- ☐ Clerical and Administrative Services
- ☐ Custodial and Maintenance Services
- ☐ Food Services
- ☐ Health and Student Services
- ☐ Paraeducators
- ☐ Security and Safety Services
- ☐ Skilled Trades
- ☐ Technical Services
- ☐ Transportation Services

10. Your current position/career title (please do not abbreviate) *

11. Your career experience level. *

- ☐ Early Career (0-5 years)
- ☐ Mid Career (6-10 years)
- ☐ Veteran (11+ years)

12. NEA membership ID number.

13. In which level of education do you work? *

- ☐ Pre-K-12
- ☐ Higher education
- ☐ Not applicable

14. Your employer (school district or college/university) *

15. Please select your gender identity. *

- ☐ Female
- ☐ Male
- ☐ Non-binary/ Gender Non-Conforming
- ☐ Transgender
- ☐ Prefer not to say

16. What is your race/ethnicity? *

- ☐ Asian and Pacific Islander
- ☐ Native American/Alaska Native
- ☐ Latin(o/a/x), Hispanic, and Chican(o/a/x)
- ☐ Black or African American
- ☐ Multiracial
- ☐ MENA (Middle East and North Africa)
- ☐ White
- ☐ Other
- ☐ Prefer not to say

17. Please choose the option that best describes your team's current situation. *

- ☐ We are interested in developing a pilot program for 2023-24.
- ☐ We are interested in developing a pilot program for 2024-25.
- ☐ Other

18. Why are you interested in participating in this workshop? What is your interest in ESP peer mentoring? What does your team want to accomplish by participating in this workshop? *

19. How was your team chosen? Provide specific and detailed information on how each team member was chosen and what unique knowledge, skills, experiences, or resources each member brings to your team. *

20. Do you currently have partners? If so, please share and describe the scope of your partnership. For example, has your district or college/university agreed to be a sponsor of your program? If you do not currently have partners, do you have potential partners? If so, please identify them below. *

21. How did you learn about this workshop? *

22. Please share why your team should be selected to attend this workshop? *

23. Do you hold any governance positions, such as local Association president? If so, please provide your title.

24. If you are not the local Association president, please enter the name of your president.

25. If you are not the local Association president, please enter the primary email address of your president.

26. If your team represents your local Association, does your local Association president know you are applying? *

- ☐ Yes
- ☐ No
- ☐ Other

27. Please confirm that all team members (fully funded and self-funded) will complete the learning path course and that your team will submit the program check list no later than March 1, 2023. *

- ☐ I agree

Team Member # 2 (fully funded)

One team member should apply on behalf of your team. There should be only one application

28. **Team Member # 2:** First name *

29. **Team Member # 2:** Last name *

30. State (if different from team member # 1)

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Delaware
- ☐ Federal Education Association
- ☐ Florida
- ☐ Georgia
- ☐ Idaho
- ☐ Illinois

- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon

- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

31. Local association **(if different from team member # 1)**

32. Primary email address *

33. Which category best represents them? *

- ☐ Education Support Professional
- ☐ Active Professional (teacher, specialized instructional support personnel)
- ☐ Affiliate Staff
- ☐ School or College Administrator
- ☐ Other

34. Which ESP career family best describes the work they do most of the time? *

- ☐ I am not an ESP member
- ☐ Clerical and Administrative Services
- ☐ Custodial and Maintenance Services
- ☐ Food Services
- ☐ Health and Student Services
- ☐ Paraeducators
- ☐ Security and Safety Services
- ☐ Skilled Trades
- ☐ Technical Services
- ☐ Transportation Services

35. Their current position/career title **(please do not abbreviate)** *

36. Their career experience level. *

- ☐ Early Career (0-5 years)
- ☐ Mid Career (6-10 years)
- ☐ Veteran (11+ years)

37. NEA membership ID number.

38. In which level of education do they work? *

- ☐ Pre-K-12
- ☐ Higher education
- ☐ Not applicable

39. Their employer (school district or college/university) **(if different from team member # 1)**

40. Please select their gender identity. *

- ☐ Female
- ☐ Male
- ☐ Non-binary/ Gender Non-Conforming
- ☐ Transgender
- ☐ Prefer not to say

41. What is their race/ethnicity? *

- ☐ Asian and Pacific Islander
- ☐ Native American/Alaska Native
- ☐ Latin(o/a/x), Hispanic, and Chican(o/a/x)
- ☐ Black or African American
- ☐ Multiracial
- ☐ MENA (Middle East and North Africa)
- ☐ White
- ☐ Other
- ☐ Prefer not to say

42. Do they hold any governance positions, such as local Association president? If so, please provide their title.

Team Member # 3 (fully funded)

One team member should apply on behalf of your team. There should be only one application

43. **Team Member # 3:** First name *

44. **Team Member # 3:** Last name *

45. State (if different from team member # 1)

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Delaware
- ☐ Federal Education Association
- ☐ Florida
- ☐ Georgia
- ☐ Idaho
- ☐ Illinois

- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon

- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

46. Local association **(if different from team member # 1)**

47. Primary email address *

48. Which category best represents them? *

- ☐ Education Support Professional
- ☐ Active Professional (teacher, specialized instructional support personnel)
- ☐ Affiliate Staff
- ☐ School or College Administrator
- ☐ Other

49. Which ESP career family best describes the work they do most of the time? *

- ☐ I am not an ESP member
- ☐ Clerical and Administrative Services
- ☐ Custodial and Maintenance Services
- ☐ Food Services
- ☐ Health and Student Services
- ☐ Paraeducators
- ☐ Security and Safety Services
- ☐ Skilled Trades
- ☐ Technical Services
- ☐ Transportation Services

50. Their current position/career title **(please do not abbreviate)** *

51. Their career experience level. *

- ☐ Early Career (0-5 years)
- ☐ Mid Career (6-10 years)
- ☐ Veteran (11+ years)

52. NEA membership ID number.

53. In which level of education do they work? *

- ☐ Pre-K-12
- ☐ Higher education
- ☐ Not applicable

54. Their employer (school district or college/university) **(if different from team member # 1)**

55. Please select their gender identity. *

- ☐ Female
- ☐ Male
- ☐ Non-binary/ Gender Non-Conforming
- ☐ Transgender
- ☐ Prefer not to say

56. What is their race/ethnicity? *

- ☐ Asian and Pacific Islander
- ☐ Native American/Alaska Native
- ☐ Latin(o/a/x), Hispanic, and Chican(o/a/x)
- ☐ Black or African American
- ☐ Multiracial
- ☐ MENA (Middle East and North Africa)
- ☐ White
- ☐ Other
- ☐ Prefer not to say

57. Do they hold any governance positions, such as local Association president? If so, please provide their title.

58. Do you want to add team member # 4 (self-funded)? *

☐ Yes

☐ No

Team Member # 4 (self-funded)

One team member should apply on behalf of your team. There should be only one application

59. **Team Member # 4:** First name *

60. **Team Member # 4:** Last name *

61. State (if different from team member # 1)

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Delaware
- ☐ Federal Education Association
- ☐ Florida
- ☐ Georgia
- ☐ Idaho
- ☐ Illinois

- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon

- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

62. Local association **(if different from team member # 1)**

63. Primary email address *

64. Which category best represents them? *

- ☐ Education Support Professional
- ☐ Active Professional (teacher, specialized instructional support personnel)
- ☐ Affiliate Staff
- ☐ School or College Administrator
- ☐ Other

65. Which ESP career family best describes the work they do most of the time? *

- ☐ I am not an ESP member
- ☐ Clerical and Administrative Services
- ☐ Custodial and Maintenance Services
- ☐ Food Services
- ☐ Health and Student Services
- ☐ Paraeducators
- ☐ Security and Safety Services
- ☐ Skilled Trades
- ☐ Technical Services
- ☐ Transportation Services

66. Their current position/career title **(please do not abbreviate)** *

67. Their career experience level. *

- ☐ Early Career (0-5 years)
- ☐ Mid Career (6-10 years)
- ☐ Veteran (11+ years)

68. NEA membership ID number.

69. In which level of education do they work? *

- ☐ Pre-K-12
- ☐ Higher education
- ☐ Not applicable

70. Their employer (school district or college/university) **(if different from team member # 1)**

71. Please select their gender identity. *

- ☐ Female
- ☐ Male
- ☐ Non-binary/ Gender Non-Conforming
- ☐ Transgender
- ☐ Prefer not to say

72. What is their race/ethnicity? *

- ☐ Asian and Pacific Islander
- ☐ Native American/Alaska Native
- ☐ Latin(o/a/x), Hispanic, and Chican(o/a/x)
- ☐ Black or African American
- ☐ Multiracial
- ☐ MENA (Middle East and North Africa)
- ☐ White
- ☐ Other
- ☐ Prefer not to say

73. Do they hold any governance positions, such as local Association president? If so, please provide their title.

74. Do you want to add team member # 5 (self-funded)? *

☐ Yes

☐ No

Team Member # 5 (self-funded)

One team member should apply on behalf of your team. There should be only one application

75. **Team Member # 5:** First name *

76. **Team Member # 5:** Last name *

77. State (if different from team member # 1)

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Delaware
- ☐ Federal Education Association
- ☐ Florida
- ☐ Georgia
- ☐ Idaho
- ☐ Illinois

- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon

- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

78. Local association **(if different from team member # 1)**

79. Primary email address *

80. Which category best represents them? *

- ☐ Education Support Professional
- ☐ Active Professional (teacher, specialized instructional support personnel)
- ☐ Affiliate Staff
- ☐ School or College Administrator
- ☐ Other

81. Which ESP career family best describes the work they do most of the time? *

- ☐ I am not an ESP member
- ☐ Clerical and Administrative Services
- ☐ Custodial and Maintenance Services
- ☐ Food Services
- ☐ Health and Student Services
- ☐ Paraeducators
- ☐ Security and Safety Services
- ☐ Skilled Trades
- ☐ Technical Services
- ☐ Transportation Services

82. Their current position/career title **(please do not abbreviate)** *

83. Their career experience level. *

- ☐ Early Career (0-5 years)
- ☐ Mid Career (6-10 years)
- ☐ Veteran (11+ years)

84. NEA membership ID number.

85. In which level of education do they work? *

- ☐ Pre-K-12
- ☐ Higher education
- ☐ Not applicable

86. Their employer (school district or college/university) **(if different from team member # 1)**

87. Please select their gender identity. *

- ☐ Female
- ☐ Male
- ☐ Non-binary/ Gender Non-Conforming
- ☐ Transgender
- ☐ Prefer not to say

88. What is their race/ethnicity? *

- ☐ Asian and Pacific Islander
- ☐ Native American/Alaska Native
- ☐ Latin(o/a/x), Hispanic, and Chican(o/a/x)
- ☐ Black or African American
- ☐ Multiracial
- ☐ MENA (Middle East and North Africa)
- ☐ White
- ☐ Other
- ☐ Prefer not to say

89. Do they hold any governance positions, such as local Association president? If so, please provide their title.

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