



ASSEMBLY STANDING COMMITTEE ON EDUCATION

NOTICE OF ONLINE VIDEO PUBLIC HEARING

SUBJECT: Governance of the New York City School District

PURPOSE: The purpose of this hearing is to examine best practices utilized by other school districts which may be implemented in the New York City School District

Thursday, December 17, 2020
10:00 AM

Web Link: <https://www.nyasembly.gov/av/live/>

ORAL TESTIMONY BY INVITATION ONLY

Chapter 91 of the Laws of 2002 and Chapter 123 of 2003 established a centralized, mayoral control system of governance for the New York City School District. In 2019, the legislature extended the provisions of mayoral control for three years, until June 30, 2022, and included provisions to increase parental involvement on the Panel for Education Policy and Community District Education Council. This hearing will be the second in a series of hearings and other informational forums throughout the City of New York to assess the effectiveness of mayoral control of the New York City School District and hear from stakeholders on the ways to address the inequities in our schools and improve student performance.

The purpose of this hearing is to examine best practices utilized by other school districts which may be implemented in the New York City School District. This hearing will allow the Committee to receive testimony from experts detailing governance structures which have been employed by other school districts to address inequities in schools and improve student performance.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified of means by which to testify and/or in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources. In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Michael R. Benedetto
Member of Assembly
Chair
Committee on Education

PUBLIC HEARING REPLY FORM

Testimony will only be taken upon approval by the Committee Chair. Individuals who have been invited to present testimony are requested to complete this reply form as soon as possible and email a copy of planned testimony. Individuals invited to participate will be notified within 48 hours of the hearing. All replies and testimony submissions must be emailed to:

Kayli McTague
Committee Assistant
Assembly Education Committee
mctaguek@nyassembly.gov
Phone: (518) 455-4881

I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise.

I will address my remarks to the following subjects:

I do not plan to attend the above hearing.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:**

ALL INFORMATION BELOW MUST BE COMPLETED:

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____