

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/10/19 _____

Name: Kimberly L. Faulk, MA _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): PAST Foundation _____

Position/Title: Chief Operations Officer _____

Address: 1003 Kinnear Road _____

City: Columbus _____ State: OH _____ Zip: 43212 _____

Best Contact Telephone: 614.340.1208 x1210 _____ Email: kfaulk@pastfoundation.org _____

Do you wish to be added to the committee notice email distribution list? Yes _____ No _____

Business before the committee

Legislation (Bill/Resolution Number): H.B. 166 _____

Specific Issue: Educator Preparation _____

Are you testifying as a: Proponent _____ Opponent _____ Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes No _____

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 3-4 minutes _____

Please provide a brief statement on your position:

PAST Foundation applauds the DeWine administration for increasing the Educator Preparation appropriation item (GRF line item 200448 – Educator Preparation) and recognizing the need for investment in our teachers. PAST seeks a state investment of \$150,000 in each fiscal year for PAST Foundation from the Educator Preparation appropriation item in H.B. 166, for the scale-up of the PAST Design Thinking regional cohort model that will implement the STEM educator preparation program statewide. This funding will impact over 10,000 students.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.