ASSEMBLY STANDING COMMITTEE ON EDUCATION

NOTICE OF PUBLIC HEARING

SUBJECT: Student Learning Loss

PURPOSE: To examine student learning loss and the challenges school districts are facing in educating their students

Albany, New York

Wednesday, December 14, 2022
10:00 A.M.
Hearing Room C
Legislative Office Building

ORAL TESTIMONY BY INVITATION ONLY

After multiple years of disrupted learning due to the COVID-19 pandemic, school districts are facing new challenges in educating students now that they have returned to in-person learning. The purpose of this hearing is to examine student learning loss and the challenges school districts are facing in educating their students.

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 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.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

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.

Honorable Michael R. Benedetto
Member of Assembly
Chair
Committee on Education
PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on Student Learning Loss are requested to complete this reply form as soon as possible and mail, email or fax it to:

Steven Rossi
Analyst
Assembly Committee on Education
Room 513 - Capitol
Albany, New York 12248
Email: rossis@nyassembly.gov
Phone: (518) 455-4881

☐ I plan to attend the following public hearing on Student Learning Loss to be conducted by the Assembly Standing Committee on Education on Wednesday December 14, 2022.

☐ 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 provide 10 copies of my prepared statement.

☐ 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:** __________________________________________________________

NAME: _____________________________________________________________________

TITLE: ___________________________________________________________________

ORGANIZATION: ____________________________________________________________

ADDRESS: _______________________________________________________________

E-MAIL: __________________________________________________________________

TELEPHONE: _________________________________

FAX TELEPHONE: ______________________________