Sample: Nomination Template

TEACHERS AND DISTRICT STAFF NOMINATION FORM

Thank you for nominating a teacher or staff member to serve on the Instructional Materials Adoption Review Committee for the upcoming [Content Area and Grade Levels] adoption. Nominated individuals should demonstrate strong instructional expertise, professionalism, and the ability to evaluate materials objectively.

Please complete and submit this nomination form by [Due Date and Time] to [District Contact Name and Email]. Nominated staff will be notified of their selection status by [Notification Date].

Committee members are expected to:

- Attend all required meetings
  - [Meeting Dates, Locations & Times]
- Complete an independent review of materials
- Apply evaluation criteria consistently and objectively
- Engage in collaborative discussion and decision making

All committee meetings are open to the public. Information submitted through this questionnaire, as well as any information discussed during the review process, may be subject to Florida's public records laws.

If you have any questions or concerns, please contact:

[District Contact Name]

[District Contact Title]

[District Contact Phone Number]

[District Contact Email Address]

Please complete the following information:

- 1. Nominee Full Name:
- 2. School or Department Name:
- 3. Current Position or Role:
- 4. Grade Level(s) and/or Content Area(s):
- 5. Years of Experience in Education (approximate):

- 6. Nominator Name and Title:
- 7. School or Department Name:
- 8. Email Address:
- 9. Does the nominee hold a valid Florida teaching certificate (if applicable)?

  ❑ Yes ❑ No
- 10. Describe the nominee's experience with curriculum, instruction, or instructional materials:
- 11. Has the nominee previously participated in an instructional materials review or adoption process?

  ❑ Yes ❑ No

  If yes, please describe:
- 12. How does the nominee demonstrate strong instructional practice and understanding of high quality instructional materials?
- 13. How does the nominee support a range of learners, including students with diverse academic needs?
- 14. Describe the nominee's ability to engage in collaborative discussion and professional dialogue:
- 15. How does the nominee demonstrate objectivity and professionalism when evaluating instructional practices or materials?
- 16. Based on your knowledge, is the nominee able to attend required meetings and complete independent review work within the designated timeline?

  ❑ Yes ❑ No
- 17. Will the nominee be supported to participate in required meetings, training, and review activities?

  ❑ Yes ❑ No
- 18. Is the nominee comfortable using digital platforms to access and review instructional materials?

  ❑ Yes ❑ No

- 19. Does the nominee represent a perspective or experience that would add value to the committee (grade-level, content expertise, student population, etc.)?

  ❑ Yes ❑ No

  If yes, please explain:

- 20. Are you aware of any potential conflicts of interest related to publishers, vendors, or instructional materials?

  ❑ Yes ❑ No

  If yes, please describe:

- OPTIONAL QUESTION BASED ON DISTRICT PROCESS: Preferred Committee Assignment: [District Specific Committee Descriptions or Courses]

I recommend this nominee for participation on the Instructional Materials Adoption Review Committee and confirm that they are able to fulfill the expectations of the role.

Administrator Signature: _____ Date: _____