# Sample: Application Template

## PARENT AND COMMUNITY MEMBER APPLICATION

Thank you for your interest in serving on the Instructional Materials Adoption Review Committee for the upcoming [Content Area and Grade Levels] adoption. Your experience and perspective are valued, and a range of voices is essential to a strong and balanced review process.

Please complete and submit this application by [Due Date and Time] to [District Contact Name and Email]. Applicants will be notified of their committee placement 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

This process benefits from diverse perspectives, including parents, community members, and educators.

All committee meetings are open to the public. Information submitted through this application, 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. Full Name:
- 2. Address:

  City:

  State:

  Zip Code:

- 3. Phone Number:
- 4. Email Address:
- 5. Are you a parent or guardian of a student currently enrolled in a public school?

  ❑ Yes ❑ No

  If yes, please list school(s) and grade level(s):

6. Primary Language:

   Additional languages spoken:

7. Current Occupation / Affiliation:

8. Do you hold a valid Florida teaching certificate or have experience in education?

   ❑ Yes ❑ No

If yes, please describe certifications, endorsements, or relevant experience:

9. Have you previously participated in an instructional materials review or adoption process?

   ❑ Yes ❑ No

   If yes, please describe:

10. Do you have experience working with curriculum, instruction, or student learning (formal or informal)?

    ❑ Yes ❑ No

    If yes, please describe:

11. Have you ever worked for, consulted with, or received compensation from an instructional materials publisher or vendor?

    ❑ Yes ❑ No

    If yes, please explain:

12. Why are you interested in serving on this committee?

13. What perspectives or experiences would you bring to the review process?

14. Describe your understanding of high quality instructional materials and their impact on student learning.

15. How should instructional materials support a wide range of student needs, including varying learning levels and backgrounds?

16. Are you able to attend all required meetings and complete independent review work within the designated timeline?

❏ Yes ❏ No

17. Please indicate your preferred grade level(s) or content area(s) for review:

❏ Elementary (K–5) ❏ Middle (6–8) ❏ High (9–12) ❏ Advanced courses [District-Specific]

18. Are you comfortable using digital platforms to access and review instructional materials?

❏ Yes ❏ No

19. Are you willing to follow established evaluation protocols and scoring guidelines to ensure consistency across reviewers?

❏ Yes ❏ No

20. Do you have any potential conflicts of interest related to publishers, vendors, or instructional materials under review?

❏ Yes ❏ No

If yes, please describe:

By submitting this application, I acknowledge that:

- I will participate fully in the review process
- I will evaluate materials objectively and maintain confidentiality as required
- I understand the time commitment and expectations

Signature: _____ Date: _____