SUPERINTENDENT'S NOMINATION FORM
K-12 MATHEMATICS REVIEW STEERING COMMITTEE
(Duplicate Form as Needed)

Please check the appropriate box: ☐ Elementary K-5
☐ Middle 6-8
☐ High school

Name: _____

Current Position: _____

Home Mailing Address: _____

_____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail (Required) _____

School Division in which you are employed: _____

Education credentials including grades/courses taught and years of experience*:

Previous experience in curriculum and/or standards writing and review*:

*You may attach a current resume if you prefer.

Important: Will you be under contract to your local school division during the summer and fall of 2001? ☐ Yes ☐ No

I certify this nomination with my name and signature below.

_____ _____
Superintendent/Designee Name Superintendent/Designee Signature

Please return by May 25, 2001 to:

Dr. Carol Rezba
Virginia Department of Education
P.O. Box 2120
Richmond, VA 23218-2120
Fax: 804-786-1703