

**SUPERINTENDENT'S NOMINATION FORM FOR THE  
K-5 Instructional Materials Review Committee  
(Duplicate Form as Needed)**

Please check the appropriate box:

- K-1 Committee  
 2-3 Committee  
 4-5 Committee

Name: \_\_\_\_\_

Current position: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail (required) \_\_\_\_\_

School division in which you are employed: \_\_\_\_\_

Education credentials including grade/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 fall of 2001?

Yes  No

**I certify this nomination with my name and signature below.**

\_\_\_\_\_  
Superintendent/Designee Name

\_\_\_\_\_  
Superintendent/Designee Signature

\_\_\_\_\_  
Date

**Please return by August 31, 2001 to:**

**Dr. Beverly Thurston  
Virginia Department of Education  
P.O. Box 2120  
Richmond, VA 23218-2120  
Fax: 804-786-1597**