|  |
| --- |
| Florida Seal.bmp**STATE OF FLORIDA SCHOOL READINESS PROGRAM  CURRICULUM EVALUATION RECONSIDERATION****FORM OEL-SR-7107** |

##

|  |  |
| --- | --- |
| Publisher/Submitter Name  | Click or tap here to enter text. |
| Mailing Address | Click or tap here to enter text. |
| Curriculum Name  | Click or tap here to enter text. |
| Edition (If Applicable)  | Click or tap here to enter text. |
| Year  | Click or tap here to enter text. |
| Submitted by | Click or tap here to enter text. |
| Contact Information | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
|  Author (If Applicable)  | Click or tap here to enter text. | Check box if curriculum is proprietary and not available for purchase [ ]  |
| Please identify the appropriate age group for the curriculum submitted.  |
| 0-8 mos. | 8-18 mos. | 18-24 mos. | 2 year olds | 3 year olds | 4 year olds |  |
|[ ] [ ] [ ] [ ] [ ] [ ]   |
| Does the curriculum contain a character development component?  | Yes [ ]  | No [ ]  |  |
| Please identify the nature and basis of the request for reconsideration. When necessary provide page numbers or web links as supporting documentation.  Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **OEL OFFICIAL USE ONLY** | Date request received: |  |  |
| Date request reviewed: |  |
| Reviewed by: |  |
| Request granted ☐ The curriculum may be submitted to OEL for evaluation. |
| Request Denied ☐  |