



**State of Florida Instructional Materials Adoption
“Principles of Individual Freedom Assurance for
Instructional Materials Reviewers”
(Form IM20)**

By signing below, _____, assures that the instructional
insert reviewer name
materials recommended by me for adoption are consistent with the principles of
individual freedom enumerated in s. 1003.42(3), F.S.

Signature of Instructional Materials Reviewer

Name (Please print)

Date