**Voluntary Prekindergarten (VPK) Education Program**

**Curriculum Reviewer Application**

**Applications will ONLY be accepted between January 30 and February 12, 2025.**

#### Complete Parts I and II and submit with the needed supporting documentation.

**Email completed applications to:**

DEL.Curriculum@del.fldoe.org

*Subject Line:* VPK Curriculum

Reviewer Application

**Submit the following application components:**[ ]  Reviewer Application (Parts I & II)

[ ]  Copy of resume or vitae

[ ]  Copy of DCF Child Care Training transcript

**Part I – Reviewer Information (to be completed by the Applicant)**

**Contact Information**

1. Full Name: \_\_\_\_\_\_\_
2. Mailing Address (where the curriculum materials will be shipped): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip)

1. Telephone: \_\_\_\_\_\_ \_\_\_\_\_

 (Cell) (Business)

1. E-Mail Address:

 Alternate E-mail Address: \_\_\_\_\_\_\_

1. Are you a resident of the State of Florida? [ ]  Yes [ ]  No

If yes, in which county do you reside: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Department of Children and Families (DCF) Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Public School District or Early Learning Coalition: \_\_\_\_\_\_\_\_
3. School/Provider Name (if applicable): \_\_\_\_\_\_\_\_\_
4. Identify the category that best describes your current working position:

[ ]  Executive Director, Early Learning Coalition

[ ]  Director, VPK Education Program

[ ]  Instructor, VPK Education Program

[ ]  Representative, Public School District

[ ]  Representative, Institute of Higher Education

[ ]  Other interested stakeholder meeting relevant, equivalent criteria

 Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Employment**

1. Occupation/Job Title:
2. Address: \_\_\_\_\_\_

 (City) (County) (State) (Zip)

**Educational Background**

1. Degree(s) and credentials earned in Early Childhood Education, Child Development, Elementary Education, Educational Leadership or a related field. Specify degrees, credentials and field.

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1. Relevant Experience, specify how many years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List any public office you now hold or have held and/or any employment by a government agency or service on federal, state and/or local advisory committees, commissions, councils or task forces.

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1. List national, state, community and/or educational organizations in which you are now or have been a member. \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe any publications you authored and professional honors or awards you have received related to Early Childhood Education.

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1. Briefly describe your level of interest and why you are interested in serving as a reviewer.

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­\_\_\_\_\_\_

1. Provide details of any past or present partnership, contracting or other work you have completed as it relates to an individual publisher.

|  |  |  |
| --- | --- | --- |
| **Name of Publisher** | **Description of Tasks/Job/Duties Provided to the Publisher** | **Beginning and Ending Dates of Employment (month/year)** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **All selected reviewers must attend the *VPK Curriculum Reviewer Training*** **on February 26, 1:00 – 4:00 pm, via Microsoft Teams.**

[ ]  By checking this box, I confirm I will attend the virtual *VPK Curriculum Reviewer Training*.

1. **All reviewers are required to complete or show evidence of completion (DCF transcript) of the *Implementing the******Florida Standards in Preschool Classrooms: 3 Years Old to Kindergarten*** (online or instructor led)and the ***Emergent Literacy for VPK Instructors*** (online) trainings.

**Check the box(es) below that apply to your training status should you be selected as a reviewer:**

[ ]  I will attend an online *Implementing the Florida Standards in Preschool Classrooms: 3 Years Old to Kindergarten* training and submit my DCF transcript reflecting completion of the training to DEL.Curriculum@del.fldoe.org **prior to** the February 26th reviewer training session.

[ ]  I have completed the *Implementing the Florida Standards in Preschool Classrooms: 3 Years Old to Kindergarten* as evidenced on my DCF transcript (attached).

[ ]  I have completed the *Emergent Literacy for VPK Instructors* as evidenced on my DCF transcript (attached).

**Applicant Certification**

**I hereby certify that all information provided in this application is true and correct to the best of my knowledge.**

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 (Applicant’s Signature) (Date)

**Part II – Supervisor Acknowledgement (to be completed by the Applicant’s supervisor)**

As the supervisor of (name of Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have reviewed the attached application/documentation and understand the requirements and expectations involved in the VPK curriculum submission and approval process. To the best of my knowledge, the applicant will serve as an excellent reviewer for the VPK curriculum submission and approval process.

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(Supervisor’s Signature) (Date)

**IMPORTANT:**

**Applications will ONLY be accepted between January 30 – February 12, 2025.**

*The Department reserves the right to reject any or all applications for any reason, including but not limited to submission of incomplete application, submission of application outside the designated timeframe, failure to timely complete required trainings, failure to timely submit evidence of completed trainings, etc.*