California Instructional Quality Commission
Application Form

California State Board of Education
1430 N Street, Room 5111, Sacramento, CA,
95814 Phone 916-319-0827; sbe@sbe.ca.gov

APPLICATIONS DUE: 5:00 p.m. Monday, September 29, 2025

(Please complete all fields, attach a résumé, and two letters of recommendation.)

Application for Advisory Body: **California Instructional Quality Commission (IQC)**

Subject Matter Expertise: (e.g., English language arts/English language development, early literacy, health/physical education, Mathematics, etc.):

_____

Application Date: _____

Applicant Information

Name of Applicant

First:_____ Middle:_____ Last: _____

Home Mailing Address: _____

Business Phone:_____ Home Phone: _____

Cell Phone:_____ Email Address: _____

Current Employer (if applicable): _____

Current Position (if applicable): _____

Questionnaire

In completing this application, please present information concisely and in the form requested. You may attach one additional page if needed. Please note that all applications, including, résumés, and letters of recommendation, will be available for public review. Personal contact information will be removed.

Question 1 - Why do you wish to serve on the Instructional Quality Commission?

As part of your response, describe how your education and experience prepare you to be an active participant on the IQC. *Please limit your response to 250 words.*

Question 2 - Previous Committee Experience:

Have you ever served on a committee that was engaged in standards or curriculum development or the review of instructional materials? If yes, briefly detail your experience at the school, district, county, or state level and any leadership role you played. Please add a statement about how this experience has included meeting the needs of diverse learners. *Please limit your response to 250 words.*

Question 3 – Instructional Expertise

Describe any specific areas in which you have instructional content expertise, your experience with students with diverse learning needs, and how your experience has prepared you to serve on the IQC. *Please limit your response to 250 words.*

Qualifications

The majority of IQC members must be representatives from local educational agencies and/or serve in one or more of the following capacities. Please check all that apply.

- ☐ Teacher – Public School
- ☐ Teacher – Charter School
- ☐ Teacher on Special Assignment
- ☐ Superintendent or District Administration
- ☐ Principal or Site Administration
- ☐ School Board Member
- ☐ Private School Educator
- ☐ Charter School Leadership
- ☐ Post-Secondary Educator
- ☐ Student

Relevant Employment Experience

List the most recent employment experience first.

Position	Organization or Agency	Term Dates

Educational Background

List the most recent educational background first.

Institution or Program	Date(s)	Degree(s)

Professional Licenses and Certificates

Awards, Honors, and Publications

Professional Affiliations

Letters of Recommendation

After you submit your application, two letters of recommendation must be emailed to the IQC mailbox iqc@cde.ca.gov by the deadline of **5:00 p.m. on Monday, September 29, 2025**. One of the letters must come from your employer, if applicable; the other should come from someone, not related to you, who knows you well and is able to comment on your qualifications for the position as an IQC member. Include your name on the subject line of the email.

If you are employed by a local educational agency, the employer letter must come from a direct supervisor and also contain the signature of the agency's chief administrative officer (typically the superintendent or a designee) and must recognize the additional workload you would experience if appointed.

All required application materials, including letters of recommendation, must be received by 5:00 p.m. on Monday, September 29, 2025, or they will not be considered.

References

Please list the names of three persons who may be contacted to speak to your work and experience in relation to the IQC Commissioner appointment you seek. Individuals who have written letters of recommendation may be listed as references.

Name	Position or Title	Address	Telephone Number

Time Commitment

The schedule of IQC meetings is available at: https://www.cde.ca.gov/be/cc/cd/index.asp

Are you able to meet the time requirements to attend the advisory body meetings and perform the associated duties of the position?

☐ Yes ☐ No

Conflict of Interest

Please review the SBE's Conflict of Interest Code, which is codified in the *California Code of Regulations*, Title 5, Section 18600. Members of those advisory bodies identified in this code are subject to its provisions and are required to annually file a Statement of Economic Interest Form 700. A copy of the SBE's Conflict of Interest Code is available at: https://www.cde.ca.gov/be/cc/ab/sbeconflictofinterest.asp.

Do you understand that you will be subject to the SBE's Conflict of Interest Code?

☐ Yes ☐ No

Reasonable Accommodation for Any Individual with a Disability

Pursuant to the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*, any individual with a disability who requires reasonable accommodation to attend or participate in a meeting or function of the SBE may request assistance by contacting the SBE Office by email at: sbe@sbe.ca.gov

Optional Information

The following information is optional but would be appreciated (*Government Code* Sections 11140–11141. Use the categories below to choose the one with which you most closely identify.

Please identify your gender: Please select

Please state your ethnicity: Please select

Applicant's Signature

Signature of Applicant:_____ Date: _____

Submission Instructions

Please submit a completed application via email to: iqc@cde.ca.gov by 5:00 p.m. on Monday, September 29, 2025.

A single PDF of the application that includes a résumé and two letters of recommendation is preferred.

If you have any questions about the application process or the role and responsibility of the IQC, please email: iqc@cde.ca.gov