Item 3.C.2.

Health SMC

January 25, 2019

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DRAFT

# 2020 Health Education Adoption of Instructional Materials Application to Serve on the Review Panel

**Applications must be received by 3 p.m. Monday, July 22, 2019.**

The California Constitution, Article 9, Section 7.5, and the California *Education Code* Section 60200 authorize the State Board of Education (SBE) to adopt instructional materials for kindergarten through grade eight.

The SBE and the State Superintendent of Public Instruction (SSPI) are seeking candidates to serve on review panels for the 2020 Health Adoption of Instructional Materials. Panel members will evaluate instructional materials for use in kindergarten through grade eight, inclusive, that are aligned with the *Health Education Content Standards for California Public Schools*.

Each panel will consist of multiple instructional materials reviewers (IMRs) and at least one content review expert (CRE). IMRs and CREs serve as advisors to the Instructional Quality Commission (IQC) and the SBE in the review of instructional materials submitted for adoption. A majority of IMRs, as stated in regulation (*California Code of Regulations*, Title 5 [5 *CCR*] Section 9512), shall be teachers who teach students in kindergarten or grades one through twelve, have a professional credential under California law, and who have experience with, and expertise in, standards-based educational programs and practices in the content field under consideration. At least one such teacher shall have experience in providing instruction to English learners, and at least one such teacher shall have experience in providing instruction to students with disabilities. Other IMRs may be administrators, parents, local school board members, teachers not described above, and members of the public. CREs are required to hold a doctoral degree in health or a related discipline.

Panel members will attend a four-day training in Sacramento on April 20–24, 2020. They will review instructional materials independently at home and will then reconvene in panels for up to four days of deliberations with the preparation of a report to the IQC on July 20–24, 2020. IMRs and CREs will receive their actual and necessary travel expenses for attending the training and deliberation session activities. Travel and per diem costs are reimbursed at standard state rates; however, no stipend or substitute pay is provided.

Following are the instructions and information that will be collected in an online form.

## Instructions:

* Answer all questions. The system will notify you if a required field was not completed.
* After answering all the questions on a page, select the “Next” button.
* You must submit a two- to three-page résumé with your application.

## Applicant Information

**Salutation: (Mr. Ms. Dr. [from drop down])**

**First Name:**

**Last Name:**

**MI:**

**Home Street Address:**

**Home City:**

**Home State:**

**Home Zip Code:**

**Home Phone:**

**Email:**

**Employer’s Business Name:**

**Current Position Title:**

**Business Street Address:**

**Business City:**

**Business State:**

**Business Zip Code:**

### Position on the Panel:

Select one.

* Instructional Materials Reviewer
* Content Review Expert (doctoral degree in health or a related field is required)

### Area of Expertise

Select the one that applies to your current position.

* Teacher in private school providing instruction to students in kindergarten or grades one to twelve
* Teacher not providing instruction to students in kindergarten or grades one to twelve (e.g., mentor teacher or certificated teacher employed by school districts or county offices of education who is not in a position that requires a service credential with a specialization in administrative services)
* School Principal/Administrator/Vice Principal
* District Administrator
* County Office of Education Administrator
* School Board Member
* College/University Faculty
* Professional Organization Representative/Staff
* Community Member
* Parent/Guardian of Pre-K–12 Student

### Grade Levels of Expertise (select all that apply)

* Pre-K–2
* 3–5
* 6–8
* 9–12
* Post-Secondary

### Years Teaching:

* 1–5
* 6–10
* 10–20
* More than 20

### Experience Teaching English Learners

Have you provided instruction to English learners?

* Yes
* No

If yes, at what grade levels and for how many years? List any specialized credential, certificate, or training in this area.

### Experience Teaching Students with Disabilities

Have you provided instruction to students with disabilities?

* Yes
* No

If yes, at what grade levels and for how many years? List any specialized credential, certificate, or training in this area.

### Highest Degrees/Certifications

List your four highest academic degrees and/or certifications, including those specific to health education, earned and the awarding institution. List your highest achievement first.

**Degree/Certification #1:**

**Institution #1:**

**Degree/Certification #2:**

**Institution #2:**

**Degree/Certification #3:**

**Institution #3:**

**Degree/Certification #4:**

**Institution #4:**

### Standards-Based Instruction Experience:

Describe a standards-based activity, lesson, or instructional unit that you have used or would use with a diverse student population, including students who are English learners, students with special needs, and students performing below and above grade level. Explain how you would assess the effectiveness of the instructional example. (Use 2,000 characters or less. NOTE: Any information in excess of 2,000 characters will not be considered.)

### Areas of Expertise and Leadership:

Describe how your education and experience prepare you to participate as a review panel member. As part of your response, please describe your knowledge and use of the Health Education Content Standards for California Public Schools and your experience providing effective instruction to all students, including English learners and special education students, developing curriculum or assessments, and/or serving as an instructional leader. (Use 2,000 characters or less. NOTE: Any information in excess of 2,000 characters will not be considered.)

### 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. (Use 1,000 characters or less. NOTE: Any information in excess of 1,000 characters will not be considered.)

### Relationship with Publishers: Conflict of Interest Disclosure Statement

Your answers below will serve as the disclosure of certain information as required by the “Statement of Activities that are Inconsistent, Incompatible, or in Conflict with Duties of a Member of an Educational Policy Advisory Commission or a Committee or Panel Thereof,” as amended January 1978 and *5 CCR* Section 18600. Your answers will be the basis for an eligibility ruling in the event some activity appears to be inconsistent, incompatible, or in conflict with the duties assigned to the CFCC.

For the questions below, “immediate family” is defined as your spouse and dependent children (California *Government Code* Section 82029).

**Question 1:**

Do you or a member of your immediate family have, or have you had, a business relationship at any time over the last 12 months with a publisher that produces instructional materials for California? If YES, list the company(-ies) that you have dealt with and the amount (if any) of remuneration received. (Use 1,000 characters or less. NOTE: Any information in excess of 1,000 characters will not be considered.)

* Yes
* No
* Uncertain

**Question 2:**

Are you currently employed by, or under contract to, any person, firm, or organization which will do business with or submit instructional materials to the California Department of Education (CDE)? If YES or UNCERTAIN, please explain and provide as much detail as possible, including name of firm, nature of contract, dates of contract, and compensation. (Use 1,000 characters or less. NOTE: Any information in excess of 1,000 characters will not be considered.)

* Yes
* No
* Uncertain

**Question 3:**

Have you ever been employed by or had any other kind of contractual relationship with any person, firm, or organization doing business with, or submitting instructional materials to, the CDE? If YES or UNCERTAIN, please explain and provide as much detail as possible, including name of firm, nature of contract, dates of contract, and compensation. (Use 1,000 characters or less. NOTE: Any information in excess of 1,000 characters will not be considered.)

* Yes
* No
* Uncertain

**Question 4:**

Do you expect to receive any royalty payments during your period of service on the advisory committee? If YES or UNCERTAIN, please explain and provide as much detail as possible, including name of firm, nature of contract, dates of contract, and compensation. (Use 1,000 characters or less. NOTE: Any information in excess of 1,000 characters will not be considered.)

* Yes
* No
* Uncertain

**Question 5:**

Were you or any member of your immediate family an author, contributor, or editor of (or consultant on) any textbook, other curriculum material, or project proposal that is likely to be submitted to the CDE? If YES or UNCERTAIN, please explain and provide as much detail as possible, including name of firm, nature of contract, dates of contract, and compensation. (Use 1,000 characters or less. NOTE: Any information in excess of 1,000 characters will not be considered.)

* Yes
* No
* Uncertain

**Question 6:**

Have you received compensation, do you expect to receive compensation, or do you have any other kind of contractual relationship with any organization that is either a subsidiary, parent organization, or “sister organization” of any entity which will do business with your advisory body or will submit materials to your advisory body? If YES or UNCERTAIN, please explain and provide as much detail as possible, including name of firm, nature of contract, dates of contract, and compensation. (Use 1,000 characters or less. NOTE: Any information in excess of 1,000 characters will not be considered.)

* Yes
* No
* Uncertain

### Gender (optional)

* Male
* Female
* Decline to state
* Other (please specify)

### Ethnicity (optional) Please select all that apply from below:

* Hispanic/Latino
* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* Decline to state
* Other (please specify)

### Applicant Acknowledgement

* I understand that this application becomes public information when submitted.

### Applicant Certification

* The answers to the questions under Relationship to Publisher: Conflict of Interest Disclosure Statement are true and correct to the best of my knowledge and belief.
* My supervisor and I are aware that, while travel and per diem costs will be reimbursed at standard state rates, no stipend is provided to members of the advisory committee and no substitute reimbursement is provided to the local education agency.
* I have discussed this application with my supervisor and have received approval for release time to participate in all related activities.

### Supervisor/Employer Information

**First Name:**

**Last Name:**

**Position Title:**

**Phone:**

**Email: (generates email message to employer)**

When you submit your application form, a message will be automatically sent to the employer’s email address you enter above.

[sent from HEALTHADOPTION@cde.ca.gov]

Dear <First Name> <Last Name>:

This message is being sent to notify you that <First Name> <Last Name> (<email address>), a member of your staff, has submitted an application to participate as a panel member for the 2020 Health Adoption of Instructional Materials. If appointed by the State Board of Education, the candidate is committing to attend a sequence of meetings and to perform a review of the materials as part of the adoption. Panel members will first participate in a four-day training session in April 2020 in Sacramento, then spend up to three months independently reviewing materials, returning to Sacramento in July 2020 for up to four days of deliberations. Travel and per diem costs are reimbursed at standard state rates; however, no stipend or substitute pay is provided.

### Professional References

Please provide the names and contact information for at least one and up to three professional references.

**First Name:**

**Last Name:**

**Position Title:**

**Institution:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Email:**

**First Name:**

**Last Name:**

**Position Title:**

**Institution:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Email:**

**First Name:**

**Last Name:**

**Position Title:**

**Institution:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Email:**

### Upload a Résumé

**Note:** Please attach a current résumé or brief curriculum vitae as it relates to your educational background and health education in K–12 and/or higher education. If you are a classroom teacher, list the classes you are currently teaching, the grade level(s), and the language of instruction, if other than English. Also, please indicate any specialized training you have had in health instruction in the past five years. Please limit your résumé to two or three pages and include your name on each page. (NOTE: Any information beyond three pages will not be considered.)

California Department of Education, January 2019