



**STATE OF FLORIDA
SCHOOL READINESS PROGRAM
CURRICULUM APPLICATION AND SELF-ASSESSMENT
RECONSIDERATION
FORM OEL-SR-7105**

Publisher/Submitter Name					
Mailing Address					
Curriculum Name					
Edition (If Applicable)					
Year					
Submitted by					
Contact Information					
Email					
Author (If Applicable)					Check box if curriculum is proprietary and not available for purchase <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Please identify the nature and basis of the request for reconsideration. When necessary provide page numbers or web links as supporting documentation.					

OEL OFFICIAL USE ONLY	Date request received:	
	Date request reviewed:	
	Reviewed by:	
Request granted <input type="checkbox"/> The curriculum may be submitted to OEL for evaluation.		
Request Denied <input type="checkbox"/>		