

**U.S. History End-of-Course Assessment  
2013 Standard Setting Nomination Form**

In order to ensure that educators selected to recommend achievement-level cut scores are as representative as possible of the population of Florida, we are asking all candidates to provide the following information. Please complete this form either in electronic or paper format and return it to the Office of Assessment. Please print or type all information.

Title/Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

Years Teaching Experience \_\_\_\_\_

Years Teaching Experience in Florida Public Schools \_\_\_\_\_

Subjects Certified to Teach (Check All That Apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>U.S. History</b>                          | <input type="checkbox"/> <b>Elementary Education</b>                             | <input type="checkbox"/> <b>ESOL</b>         |
| <input type="checkbox"/> <b>Exceptional Student Education: Gifted</b> | <input type="checkbox"/> <b>Exceptional Student Education: Other than Gifted</b> | <input type="checkbox"/> <b>Other: _____</b> |

Current Teaching Assignment (List Courses):

**Regular/Honors Classroom Courses:** \_\_\_\_\_

**Gifted/Talented Courses:** \_\_\_\_\_

**ESOL Courses:** \_\_\_\_\_

**Exceptional Student Education (Specify) Courses:** \_\_\_\_\_

Gender (Check One):

- Female**                       **Male**

Race (Check One):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Caucasian</b>       | <input type="checkbox"/> <b>African-American</b> | <input type="checkbox"/> <b>Hispanic</b>               |
| <input type="checkbox"/> <b>Native American</b> | <input type="checkbox"/> <b>Multiracial</b>      | <input type="checkbox"/> <b>Asian/Pacific Islander</b> |

By signing below, I affirm that I understand that the U.S. History EOC Assessment standard-setting meetings most likely will occur according in August 2013, and I will be able to attend a week-long meeting if selected to participate:

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_  
Date

Nominated by: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

**Nominee Contact Information:**

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work FAX: \_\_\_\_\_

Work Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Return to:  
Victoria Ash  
Bureau of K-12 Student Assessment  
325 W. Gaines Street, Suite 414  
Tallahassee, Florida 32399-0400  
(850) 245-0513  
FAX (850) 245-0771  
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