

November 26, 2008

RE: HEALTH EDUCATION INSTRUCTIONAL MATERIALS REVIEW
PANEL

As part of the district's ongoing instructional material review/adoption cycle, health education resources and programs for grades K - 8 will be reviewed during this school year. It is our hope that this process will result in the adoption of coordinated and comprehensive instructional materials for the elementary and middle school levels.

To assist in the process, we are asking representatives from each grade level along with parents, and interested community members to submit an application to serve on the review panel. The purpose of this panel will be to conduct a review of current programs, evaluate available curriculum/programs and make recommendations for adoption.

If you are willing to be a member of this panel please complete the attached application and return it to my office no later than January 14, 2008.

I look forward to working with you in our efforts to provide quality health education programs for all students. If you have any questions regarding the process or duties involved, I may be contacted at any time.

Jeff Carpenter, Coordinator
Health, Fitness and Athletic Programs
Olympia School District
360-596-8544
Email: jcarpent@osd.wednet.edu

**Olympia School District
Elementary and Middle School Health Education Instructional
Materials Review**

Reviewer Application

Review Panel Schedule

Tuesday, January 29, 2008	8 a.m. to 11:00 a.m.	Training & Review of Current Material
Wednesday, January 30	8 a.m. to 3 p.m.	Review Materials
Thursday, January 31	1 p.m. to 3:30 p.m.	Review Materials
Wednesday, February 6	3 p.m. to 5 p.m.	Finalize Review & Make Recommendations

***Important Note:** Panel members must commit to participation in the entire review schedule.*

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Applicant Name: _____

Home Address: _____

City/Zip: _____

FAX: _____

Email: _____

Contact Phone: _____

School District Staff: School: _____ *Grade:* _____

Parent/Community Member: School Age Children: ____ *Yes* *Grade(s)* _____, _____

Health Professional: ____ *Yes* *Prof. Area* _____

Professional Experience:

Current Position:

- | | |
|--|--|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> District/Building Administrator | <input type="checkbox"/> Public Health Educator |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Higher Education Instructor |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse (non-school based) |
| <input type="checkbox"/> Other: _____ | |

Describe your special expertise in the area of health education, the selection of health education instructional materials and/or related committee work.

Please provide a short paragraph stating your interest in participating on the review panel.

Applicants Signature: _____ Date: _____

OSD Staff Only :
Principal/Supervisor Signature: _____ Date: _____

Please return completed application forms by January 14, 2008 to:
Jeff Carpenter, Coordinator Health, Fitness and Athletic Programs
1113 Legion Way SE
Olympia, WA 98501
FAX 360- 596-8581

For questions, contact Jeff Carpenter at 360 - 596-8544 or email:
jcarpent@osd.wednet.edu