|  |
| --- |
| Florida Seal.bmp  **STATE OF FLORIDA  SCHOOL READINESS PROGRAM   CURRICULUM APPLICATION FOR MINIMAL REVISIONS**  **FORM OEL-SR-7104 B** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FLORIDA SCHOOL READINESS PROGRAM: CURRICULUM APPLICATION FOR MINIMAL REVISIONS**  **Form OEL-SR-7104 B**  Publishers who have made minimal revisions to curriculum that was approved after 2017 for use in the School Readiness program may submit the “Florida School Readiness Program: Curriculum Application for Minimal Revisions” (FormOEL-SR-7104 B) in lieu of Form OEL-SR-7104. This form will be accepted from May 1st through June 30th. Forms received after June 30th will not be accepted for review during that curriculum review annual cycle. Minimal revisions are defined as a change in the title of the curriculum, publisher name change, changes in style, format, layout or printing options, minor changes that resulted in an edition change, or other revisions that are not related to Florida’s Early Learning and Developmental Standards. | | | | | | | | |
| Publisher/Submitter Name | | Click or tap here to enter text. | | | | | |  |
| Mailing Address | | Click or tap here to enter text. | | | | | |
| Curriculum Name | | Click or tap here to enter text. | | | | | |
| Edition (If applicable) | | Click or tap here to enter text. | | | | | |
| Year | | Click or tap here to enter text. | | | | | |
| Submitted by | | Click or tap here to enter text. | | | | | |
| Contact Information | | Click or tap here to enter text. | | | | | |
| Email | | Click or tap here to enter text. | | | | | |
| Author | | Click or tap here to enter text. | | | | | |
| Curriculum was approved for the following age groups: | | | | | | | |
| 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 | No |
| Please describe the changes:  Click or tap here to enter text. | | | | | | | |
| **OEL OFFICIAL USE ONLY** | | | Submission date received | | | **Accepted** | | |
| **Not Accepted** | | | | OEL COMMENTS: | | | | |
| **Inquest**  PLEASE FORWARD THE FOLLOWING INFORMATION TO THE ADDRESS LISTED BELOW FOR REVIEW: | | | | | | | | |