SUPERINTENDENT'S NOMINATION FORM

## FOREIGN LANGUAGE SOL REVIEW COMMITTEE

**Please Type All Information.**

(Please verify nominee’s availability to meet July 30 to August 1, 2013.)

Please check only one  French  German  Latin  Spanish

box for each nominee:

Other:

Name of Nominee:            Current Position:

# School:

Mailing Address:

Work Phone:  (    )                Fax:  (    ) 

Work E-Mail:                                            School Division:

Home Address:

Home Phone:                               Home E-Mail:

Degree(s) Earned:

Check All Level(s) Taught:

Level I  Level II  Level III  Level IV  Other:

Middle School  High School       Years of Experience

Other Related Experience:

##### Nominee’s Signature Date

**Superintendent’s/Designee’s Name (printed)**

##### Superintendent’s/Designee’s Signature Date

**Region Number:**      

**Please return this form by April 4, 2013, to:**

**Dr. Lisa Harris**

**Specialist for Foreign Languages**

**Virginia Department of Education**

#### P. O. Box 2120

**Richmond, VA 23218-2120**

**Phone: (804) 225-3666 Fax: (804) 786-1597**