

## REQUEST FOR BOARD APPROVAL OF SUPPLEMENTAL MATERIALS

*Prior to submission, be sure to check [DestinyWeb](#) to see if requested item is board approved. If it is, please use Form TXT1003*

**Requestor**

<b>Contact Name</b> <u>Sonia Gissart</u>	<b>School/ Department</b> <u>Advanced Learning Experiences</u>
<b>Contact Phone</b> <u>225-1330</u>	<b>Contact E-Mail</b> <u>sonia.gissart@tusd1.org</u>
<b>Teacher</b> <u>THMS/Bejarano CHOLLA/Gabusi</u>	<b>Principal/ Dept Head</b> <u>THMS/S.Rodriguez; CHOLLA/F.Armenta</u>

**Material Requested**

<b>Title</b> <u>Glencoe Health Student Ed w/Human Sexuality w/onl Student Ed 6yr Sub Bndl</u>	<b>Quantity Requested</b> <u>120 for Cholla and 100 for THMS</u>
<b>Publisher</b> <u>McGraw Hill</u>	<b>Unit Cost</b> <u>\$102.00</u>
<b>Author(s)</b> <u>Bronson, Mary H.</u>	<b>Estimated Total</b> <u>\$25,953.11</u>
<b>Edition</b> _____	<b>ISBN</b> <u>978-0-02-135292-0</u>

**Course Information**

**Course** Health      **Grade Level(s)** \_\_\_\_\_      **% of Classroom Usage?** 100

**Board Meeting Information**

**Who will be present for Questions at Board Meeting?** Dan Erickson

**Purpose** to supply enough textbooks for each student taking this course

**Justification** Board Approved edition is outdated; this is the most recent publishing of this textbook

**School Principal** \_\_\_\_\_      **Date** \_\_\_\_\_  
*Signature*

**Funding Information**

Deseg/ALE

**Budget Code** 610.511.1000.6642.5063.80501.5063

**Funding Source**     M & O     AIE     Deseg     Title 1     Other: \_\_\_\_\_

**Program Overview** (600 character limit)

High School Health

**Program of Study** (400 character limit)

Health

**Justification for Book Request** (400 character limit)

The 11th edition of the book currently being used is 11 years old and not in good condition.

**Description of Text** (400 character limit)

A more current version of the already approved high school health textbook. The accompanying Teacher edition is CUS GLENCOE HEALTH W/HUMAN SEXUALITY ONLINE TEACHER EDITION 6 YEAR SUBSCRIPTION; ISBN: 978-0-02-146264-3

**District Office Use Only**

<b>Elementary/ Secondary Leadership</b>	<input type="checkbox"/> Supplemental <input type="checkbox"/> Occasional		
<i>E-Signature</i> _____		<b>Date</b> _____	
<b>Curriculum &amp; Instruction</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
<i>E-Signature</i> _____		<b>Date</b> _____	
<b>Finance</b>	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed		
<i>E-Signature</i> _____		<b>Date</b> _____	
<b>Teaching &amp; Learning</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
<i>E-Signature</i> _____		<b>Date</b> _____	
<b>Scheduled Board Meeting Date</b>	_____		