

## Textbook/Supplemental Material Request Form

*for Adopted Textbooks, Board Approved Supplemental Materials, Educational Software and Resources*

**Requestor**

Contact Name _____	School/Department _____
Contact Phone _____	Contact E-Mail _____
Teacher _____	Principal/Dept Head _____
Budget Code _____	Funding Source <i>(deseg, M &amp; O, Grant, etc.)</i> _____

Material Requested is    Adopted    New Course    Supplemental    Educational Software

Title _____	Quantity Requested _____
Publisher _____	Unit Cost _____
Author(s) _____	Estimated Total _____
Edition _____	Board Approval Date _____ <span style="color: red; font-size: small;"><i>(MUST check Destiny for approval date)</i></span>
ISBN _____	Subject _____

Type of Material    Student Edition    Teacher Edition    Teacher Resource    Other \_\_\_\_\_

**Course Information**

Course: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

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

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

*Quote(s) Required - 1 is required for Elementary, Middle & K-8 Schools / 3 are required for High Schools*

**District Office Use Only**

Leadership Determination	<input type="checkbox"/> Occasional	<input type="checkbox"/> Supplemental	Initials _____
Curriculum & Instruction	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Need More Information
E-Signature _____			Date _____
Elementary/Secondary Leadership	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
E-Signature _____			Date _____
Teaching & Learning	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
E-Signature _____			Date _____