

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 & 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 _____ <i>(MUST check Destiny for approval date)</i>
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 _____