Faculty Recommendations for Library Media Center Materials
(Please submit to the Teacher-Librarian and/or Principal)

School: _____________________ Teacher’s Name: _____________________ Date: ________

Subject Area: ____________________________ Grade Level: _______ Reading Level: ______

State Standard this material will support: ____________________________________________

Special Needs: (visually impaired, language, etc) _______________________________________

Type of media requested: (book, video, computer software, etc.) _________________________

Please list specific recommendations:
Author; Title; Type of Media; Publisher/Producer; Copyright Date; Review Source (if known)