**SPECIAL REQUEST FOR APPROVAL OF SUPPLEMENTAL PRINTED MATERIALS**

**La Center School District #101**

|  |  |  |
| --- | --- | --- |
| **Date** | **School** | **Subject Area** |
| Click here to enter a date. | Choose an item. | Click here to enter text. |

1. **REQUESTED RESOURCE/S**

|  |
| --- |
| Choose an item. |
| **Type of Resource Requested** |

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| **Title** | **Author** |
| Click here to enter text. | Click here to enter text. |
| **Publisher** | **Copyright** |
| Click here to enter text. |
| **Grade Level(s)/Course(s)** |

1. **INSTRUCTIONAL GOALS:**

Selection of supplemental resources must be consistent with district, department and state essential learnings. In the area below list the reasons/rationale for adding this material to your course of study. What benefits will it add to the curriculum and/or what essential learning does it enhance?

|  |
| --- |
| Click here to enter text. |

1. **COMMUNITY STANDARDS INFORMATION**

Are there any controversial issues that are addressed by this book? Please explain.

|  |
| --- |
| Click here to enter text. |

Has this material been screened in view of the age, experience and maturity level of the students for whom it is intended?

|  |
| --- |
| Choose an item. |

Does this material contain any of the listed items?

|  |  |  |
| --- | --- | --- |
| **Profane or Obscene Language** | Yes [ ]  | No [ ]  |
| **Sexual Incidents** | Yes [ ]  | No [ ]  |
| **Violent Incidents** | Yes [ ]  | No [ ]  |

Please explain further if necessary. Feel free to attach a copy of a passage or page in question if it would help the review committee understand the context of your comments above.

1. **LEVEL OF APPROVAL:**

Please indicate the level of approval you are seeking for this material.

|  |
| --- |
| LEVEL ONE: (Materials will be chosen by student from list of several options) |[ ]
| LEVEL TWO: (Materials will be required reading for a group or the entire class) |[ ]

1. **BUILDING AND SUBJECT AREA VERIFICATION**

All information provided has been discussed, reviewed and recommended for adoption by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Principal) (Teacher or Grade Level Team) (Date)