

ALTERNATIVE TEXTBOOK APPROVAL REQUEST

Please return to the Office of Education

SCHOOL YEAR: _____ GRADE: _____

SCHOOL: _____

TEACHER: _____

SUBJECT: _____

BOOK TITLE: _____

AUTHOR: _____

READING LEVEL (FROM PUBLISHER): _____

EDITION: _____

PUBLISHER: _____

DATE: _____ LIST PRICE: \$ _____

ADDITIONAL MATERIALS NEEDED WITH THIS TEXTBOOK

	<u># NEEDED</u>	<u>COST PER ITEM</u>		<u># NEEDED</u>	<u>COST PER ITEM</u>
Teacher's Edition	_____	\$ _____	Online Support	_____	\$ _____
Tests	_____	\$ _____	Blackline Masters	_____	\$ _____
CDs/DVDs	_____	\$ _____	Workbook	_____	\$ _____
Student Text	_____	\$ _____	Other	_____	\$ _____

What is the primary strength of this text?

How does this text better serve the needs of teaching the students than the adopted text?

How does this text deal with biases (gender, racial, geographic)?

How does this text align with NAD Curriculum Standards/Guides?

Teacher: _____ Date: _____

Principal: _____ Date: _____

Office Use Only

Approved

Not Approved

Superintendent: _____ Date: _____