

# Secondary Alternative Textbook Approval Request

Name of Teacher \_\_\_\_\_ Name of School \_\_\_\_\_

Course/grade level:

Publisher:

Text title:

Date of publication:

Edition:

List price of text:

Author:

Estimated reading level:

Supplementary materials:

Reason(s) for request:

Brief annotation or summary of purpose of requested text:

Strengths of requested text:

Weaknesses of requested text:

Process of Approval	Initial	Date
1. Curriculum Committee Approval (Chair)		
2. Principal (Senior Academies)		
3. Conference Superintendent (Junior Academies)		
4. Union Office		
5. Approved for Time/Dates/Year		