



Instruction, Curriculum & Student Services
REQUEST FOR APPROVAL OF CONTENT MEDIA

Instructions for submission:

Please print or type the following information and submit **one form per item** with a **sample of the content media and Reader Review Forms** to the Content Area Facilitator. The Content Facilitator will submit to the Assistant Superintendent of Instruction, Curriculum and Student Services for final review.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

Title: <small>(Please provide title as it will be listed in the approved curriculum list – e.g. Campbell Essential Biology Student Edition)</small>		
Author:		
Publisher:	Copyright Date:	Edition:
ISBN: <small>(13 digit)</small>	Academic Standard: <small>(CAS – you may enter range if necessary)</small>	Cost: <small>(per unit)</small>
Content Area: <small>(e.g. English, Math, Social Studies, Science, Music, Art)</small>	Course: <small>(e.g. Reading, Writing, US. History, Biology)</small>	Grade Level: <small>(e.g. K-5, 6-8, 9-12, K-12)</small>
Format (check one format box for the title listed above) Student Materials: <input type="checkbox"/> Teacher Materials: <input type="checkbox"/> Audio/Visual: <input type="checkbox"/> Periodicals: <input type="checkbox"/> *Online Student Content: <input type="checkbox"/> *Online Teacher Content: <input type="checkbox"/> *Attach a Software Instructional Material Approval (SIMA) form if checked.		Core: <input type="checkbox"/> Supplemental: <input type="checkbox"/>
Submitted by:	School/Department:	

USE SECTION BELOW WHEN SUBMITTING A KIT.

You must list material format type, individual ISBN, standard, and cost as it applies to each item.
DO NOT USE THIS SECTION IF YOU ARE SUBMITTING MULTIPLE ITEMS WITH DIFFERENT AUTHORS, PUBLISHERS, or PUBLICATION DATES.

Title <small>(As it will be listed in the approved curriculum list)</small>	ISBN <small>(13 digit)</small>	Format <small>(Student Materials, Teacher Materials, Audio/Visual, Periodicals, Online Student Content, Online Teacher Content)</small>	Academic Standard <small>(CAS)</small>	Cost <small>(per unit)</small>



Instruction, Curriculum & Student Services

REQUEST FOR APPROVAL OF CONTENT MEDIA

Please **BRIEFLY** summarize the content of the media item (will be entered into the material database).

To validate this material as the best currently available, list all other items or resources to which the recommended item was compared, or where it has been evaluated. (Please use extra sheet, if necessary.)

Please complete by checking each item at the appropriate response and explain, where necessary.

Evaluation Checklist	YES	NO	N/A	EXPLAIN
Content is appropriate for intended audience				
Addresses both sides of a controversial issue				
Is consistent with support of multicultural awareness				
Are there incidents, words, or themes that might necessitate an optional title? (If yes, list options)				
Contains current information				
Challenges intended audience				
Readability level is appropriate				
Recommend for general use				
Recommend for selected use				



Instruction, Curriculum & Student Services
REQUEST FOR APPROVAL OF CONTENT MEDIA

The Submitter/Teacher, I have read this material in its entirety and recommend it for approval.

Printed/Typed Name

Signature of Submitter/Teacher

Date

The Department Chairperson, after consultation with the teacher concerning the recommended item ensuring it meets standards, and:

RECOMMEND

checkbox

GENERAL USE

checkbox

SELECTED USE

checkbox

DO NOT RECOMMEND

checkbox

Printed/Typed Name

Signature of Department Chairperson

Date

Comments:

The Principal, after consultation with the department chairperson concerning the recommended item ensuring it meets standards, and:

RECOMMEND

checkbox

GENERAL USE

checkbox

SELECTED USE

checkbox

DO NOT RECOMMEND

checkbox

Printed/Typed Name

Signature of Principal

Date

Comments:

The Content Facilitator, expressing the action of the Curriculum Committee:

RECOMMEND

checkbox

GENERAL USE

checkbox

SELECTED USE

checkbox

DO NOT RECOMMEND

checkbox

Printed/Typed Name

Signature of Content Facilitator

Date

Comments:

The Assistant Superintendent or Designee:

RECOMMEND

checkbox

DO NOT RECOMMEND

checkbox

Printed/Typed Name

Signature of Assistant Superintendent or Designee

Date

Comments: