

TEXTBOOK

APPROVAL REQUEST

SCHOOL YEAR: _____ GRADE: _____	BOOK TITLE: _____
SCHOOL: _____	PUBLISHER: _____
TEACHER: _____	EDITION: _____
SUBJECT: _____	DATE: _____

How does the recommended textbook not fit your needs?

What are the benefits of this text?

How does this text better serve the needs of the students than the recommended textbook?

How does this text support the Oregon Experiment?

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

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____