

**INSTRUCTIONAL MATERIAL APPROVAL FORM
SCHOOL ADMINISTRATIVE UNIT 12**

PREVIEWED/REQUESTED BY _____ GRADE/INSTRUCTION LEVEL _____

SCHOOL _____ IMPLEMENTATION DATE _____

BUDGET FUNDS REQUESTED FROM DEPARTMENT, LIBRARY MEDIA, OTHER _____

TITLE REQUESTED _____

PUBLISHER/ DISTRIBUTOR/COPYRIGHT _____

FORMAT (i.e. book, software, DVD, video, CD, etc.) _____

PLATFORM (if software, indicate Mac, OSX; Win2000, Windows XP, etc.) _____

RATING/MATURITY LEVEL _____ NUMBER REQUESTED _____ TOTAL COST _____

IF AUDIO/VISUAL, GIVE PERFORMANCE TIME _____

IF SOFTWARE, INDICATE TYPE (i.e. basic or advanced authoring, drill and practice, research resource, etc., and attach the Technical Information and Software Consideration form) _____

REASONS FOR SELECTION: (e.g. format, activities, graphics, philosophy, application to curriculum, etc., and indicate curriculum support including themes/skills) _____

BENCHMARKS SUPPORTED: _____

This material has been examined and has been found to have:

Cultural/racial Bias:	Yes	No	Violence:	Yes	No
Sexual Bias:	Yes	No	Sexual Content:	Yes	No
Religious Bias:	Yes	No	(Actual/Implied)		
Age Bias:	Yes	No	Nudity:	Yes	No
Controversial Content:	Yes	No	Adult Language:	Yes	No

If the answer is yes to any of the above, please explain: _____

Library Media Specialist (Legal copy): _____ Date: _____

Administrative Approval: _____ Date: _____

Administrative Rejection: _____ Date: _____

Reason for Rejection:

Copy sent to: Assistant Superintendent Date: _____

Parameters of Use Unlimited (at teacher's discretion) Limited (per note) _____

White to Principal's Office/Curriculum Coordinator

Pink to Teacher

Yellow to District Office (Asst. Supt.)

Goldenrod to LMC

RETURN COMPLETED FORM TO LMC