## ALTERNATIVE TEXTBOOK APPROVAL REQUEST

Please return to SECC Office of Education by May 1<sup>st</sup>

SCHOOL YEAR:			GRADE:			
SCHOOL:						
TEACHER:						
SUBJECT:						
BOOK TITLE:						
AUTHOR:						
READING LEVEL (F	ROM PUBLISHE	ER):				
EDITION:						
PUBLISHER:						
DATE: LIST PRICE: \$						
ADDITIONAL MATE	RIALS NEEDED	O WITH THIS TEXTBO	оок			
	# NEEDED			# NEEDED	COST PER ITEM	
Teacher's Edition		\$	Online Support		\$	
Tests			Blackline Masters		\$ \$	
CDs/DVDs		\$	Workbook		\$	
Student Text		\$	Other		\$	
What is the primary	y strength of thi	is text?				
How does this text	better serve th	e needs of teaching	the students than the	adopted tex	t?	
How does this text	deal with biase	es (gender, racial, ge	eographic)?			
How does this text	align with NAD	Curriculum Standa	rds/Guides?			
Teacher:				Date:		
Principal:				Date:		
Office Use Only						
		Approved	Not Approved			
Superintendent:				Date:		