Rationale for Literature Selection

Directions: The completion of this form is required of teachers who are requesting to assign or suggest books that are not on county approved reading lists.

School: ____________________________

Teacher: ____________________________

Grade/Course: ____________________________

Literature Selection: ____________________________

Approximate date(s) selection will be used: ____________________________

This selection will be:

____ studied by the entire class
____ recommended to individual students
____ optional reading

This selection is a part of a larger study of...

This selection is especially appropriate for students in this class because...

This selection is especially pertinent to the following objectives in this course or unit...

I attest that I have read this book in its entirety. ____________________________

Teacher Signature / Date

** Attach a review of this book from a reputable source.

I approve of adding the literature selection identified above to the county approved reading list for the grade level identified above.

__________________________ Date

Principal

__________________________

Elementary or Secondary Coordinator (COS Loxley) Date

** If a book is challenged, Board approved procedures must be followed.