

Granite Falls School District
School Leadership Team
Library Materials /Approval Form

Evaluated By _____ School _____

Materials evaluated:

Grade Level(s) _____ New Materials: ___Yes ___No Number of Items _____

Cost _____

Types of Materials: (Check all that apply)

___Nonfiction ___Fiction ___Periodicals ___Audiovisual

___Recreational Reading ___Reference ___Professional ___Other

Selection of materials meets criteria Policy 6081 Procedures: ___Yes ___No

***** **Building SLT** *****

Materials are: ___recommended ___not recommended (check one)

Comments:

Principal _____ Librarian _____
Teacher _____ Teacher _____
Teacher _____ Teacher _____
Parent _____ Parent _____

Building SLT Approved: Date _____

***** **District IMC** *****

Recommendation of district Instructional Materials Committee (IMC)

___Grant Approval ___Deny Approval (Attach reasons)

District IMC Chair Signature _____ Date: _____

***** **Board Action** *****

The district IMC recommends the formal adoption of the above material(s) to the Granite Falls School District Board. The Board of Directors decision:

___Adoption Approved ___Adoption Denied

Board of Director's Signature _____ Date: _____