



Novel Request Form

*****Please allow for a 2 week turn-around time. Completed form should be sent to your Teacher Support Specialist.**

Teacher requesting novel: _____

Grade level and/or content area: _____

Novel being requested and author: _____

What learning/school objectives does this novel cover? How do you plan to use this book?
(Read Aloud, Lit Circle, Class Novel Study)

Has the requesting teacher read the novel in its entirety? Y N

Anticipated number of novels needed: _____

What funds will be used to purchase this novel? _____

Teacher Signature: _____ Date: _____

Teacher Support Specialist: _____ Date: _____

Department Head/Grade Level Chair has been notified

Comments:

IT & Media Services Coordinator: _____ Date: _____

Comments:

Associate Superintendent of Teaching & Learning: _____ Date: _____

Comments:

Principal has been notified