



Novel Approval School Request Form

School requesting selection approval: _____ **Date:** _____

Teacher requesting selection approval: _____

Title of Book/Selection: _____

Author: _____ **Copyright Date:** _____

Genre: _____ **ISBN # :** _____

Class/Course/Content in which selection will be used: _____

Grade Level(s): _____ **Lexile:** _____ (www.lexile.com)

How will the book be used (*please check*):

- Class Read Aloud Class Novel Study Book Club
- Independent Read Other _____

Rationale: (Please indicate the standards and objectives of the USOE Core Curriculum that the book will address, the context or situation in which the book will be used.)

Synopsis: (Please write a short synopsis of the book.)

Please indicate the selection's strengths, weaknesses, or personal commentary regarding the selection as a piece of literature. (Use the following criteria as needed)

- The subject matter, interest, reading level, and maturity level of the selection are appropriate for students being taught.
- The selection is appropriate for age, emotional development, ability, and social development for students being taught.
- The selection meets an appropriate instructional purpose.
- The selection will help students better understand themselves and others.
- The selection has identifiable literary or curricular merit.
- The selection appropriately models a literary element (character, setting, plot, conflict, etc.), style, or genre the student is expected to know.

Does the selection under consideration contain any use of swearing or profanity?

YES NO If yes, context:

Does the selection contain any treatment of sex that might be considered objectionable?

YES NO If yes, context:

Does the selection contain any treatment of violence that might be considered objectionable?

YES NO If yes, context:

Are there any other passages or themes that might be considered objectionable or controversial to the community at large?

YES NO If yes, context:

We request this book be submitted to the District Teaching & Learning Department for Approval. All signatures below are required.

Teacher Signature _____ Date _____

Dept. Chair/Coach Signature _____ Date _____

Principal Signature _____ Date _____

Submit complete form along with a copy of the novel being requested for approval to: **Aimee Perry, Curriculum Director** at the District Office.

For Office Use Only

Approved

Approved with Restrictions

Explanation:

Not Approved

Explanation:

Signature of Director of Teaching & Learning _____ Date _____

Note:

Parent Concerns

When a parent has a concern about a novel that a teacher is using or proposing to use, the parent is encouraged to talk to the teacher to discuss the concerns.

- Teachers shall share a list of the novels to be read in the class at the start of the year.
- If novels are to be changed or added throughout the year, teachers shall notify parents of the change.
- Novels approved with restrictions require specific notification to parents prior to their use in the classroom, and teachers must comply with the restrictions.
- Teachers shall make reasonable attempts to address student and/or parent concerns.
- If, after conferring with the teacher, a parent objects to the use of a novel because of its perceived objectionable content, the teacher, after consultation with the principal, must:
 - a. Waive the assignment regarding the novel
 - b. Provide a reasonable alternative to the assignment; or
 - c. Modify the original assignment.