



# Resource Adoption

Form #1

I. **Subject Area** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Department/Grade Level** \_\_\_\_\_  
**Course Name** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

Study Committee Members: When possible and appropriate, please have a member from both preceding and subsequent grade level or course in sequence and include at least one special education teacher.

	<u>Name</u>	<u>Building</u>	<u>Signature (Required)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

## II.A Needs Assessment

- A. Present text/material used: \_\_\_\_\_  
 Publisher: \_\_\_\_\_ Copyright Date: \_\_\_\_\_
- B. When was material adopted? \_\_\_\_\_ Purchased? \_\_\_\_\_ (if known)
- C. Condition of present materials: \_\_\_\_\_
- D. Number of copies/amount of material on hand: \_\_\_\_\_
- E. Reasons for review of new material/text: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## II.B Review Documentation

- A. Recommended purchase:  
 Title: \_\_\_\_\_ Copyright: \_\_\_\_\_  
 Publisher: \_\_\_\_\_

B. Describe briefly how his purchase is aligned with the curriculum it supports.  
Please attach completed Curricular Resource Adoption (Form 2) for each of the required 3 resources reviewed and the publisher's alignment to the Michigan standards.

C. Why is this resource being recommended?

D. What professional development may be needed for this adoption? If needed, what will be the estimated cost? Please consider substitute costs and consultant fee/s.

	<u>Resource</u>	<u>Company/Vendor</u>	<u>Copyright Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

### III. Adoption Budget Summary

A. Resource Name/Title: \_\_\_\_\_

Company Sales Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Unit Cost Per Student Text: \_\_\_\_\_

C. Number needed: \_\_\_\_\_

D. Shipping/Handling Costs: \_\_\_\_\_ (add 10% if no agreed upon price)

E. Total Cost: \_\_\_\_\_

F. Support Material: (Complete in detail or attach price proposal from vendor.)

	<u>Unit Cost</u>	<u>#Units</u>	<u>Total</u>
Supplemental Text	\$ _____	_____	\$ _____
Software	\$ _____	_____	\$ _____
Media Materials	\$ _____	_____	\$ _____
Other (specify)	\$ _____	_____	\$ _____
G. Teacher Edition:	\$ _____	_____	\$ _____

H. Training Cost:

Substitute Costs:	_____	_____
Consultant Fees:	_____	_____
Miscellaneous:	_____	_____

I. Anticipated Full Cost for Adoption      \$ \_\_\_\_\_

IV. **Signatures:**

		<u>Date</u>
Teacher	_____	_____
Department Chair	_____	_____
Principal	_____	_____
Curriculum Director	_____	_____

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**Central Office Use Only**

V. Board Approval Date: \_\_\_\_\_