



Library Materials Pre-Purchase Review Form

School: _____

School Year: _____

Date: _____

No Review Necessary _____

Book Title	Author	<i>Media Specialist Review</i>	<i>Secondary Review</i>	<i>Returned/Sent-upward</i>	<i>Book Shelved</i>

Comments:

Media Specialist/Designee: _____

Signature

Date

District Instructional Services: _____

Signature

Date