

**Form B**

**Wakulla County Schools**

**REQUEST FOR INSTRUCTIONAL RESOURCE REVIEW**

*Used for Approval of Mandatory Supplemental Instructional Resource, Assignment, or Book to be Used for Class Instruction*

Teacher Requesting Review: \_\_\_\_\_ Date: \_\_\_\_\_

Instructional Resource: \_\_\_\_\_

Author: \_\_\_\_\_ Publisher: \_\_\_\_\_

Grade or Course: \_\_\_\_\_

Have you reviewed this resource in its entirety? \_\_\_\_\_

Way(s) in which this instructional resource is especially appropriate or critical to effective instruction in this class:

\_\_\_\_\_  
\_\_\_\_\_

Objectives/Standards to which this instructional material is especially pertinent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any problem that might arise with the use of this resource (controversial subject matter) and how you plan to address such issues. If there are none, please write N/A.

\_\_\_\_\_  
\_\_\_\_\_

Some other appropriate resources an individual student might use in place of this material.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

**\*\*Signatures indicate approval.**