

# LAC Request for Review Form



Title: \_\_\_\_\_

Author(s): \_\_\_\_\_

Grade Level: \_\_\_\_\_

Person Submitting the Request for Review: \_\_\_\_\_

**For Educators Only:**

Theme/Purpose/Driving Question:

\_\_\_\_\_

Standards Addressed:

\_\_\_\_\_

**For Parents/Guardians Only:**

Prior to completing the Request for Review, your signature affirms you have read the novel (or instructional material) in its entirety.

Parent/Guardian Signature: \_\_\_\_\_

Concerns regarding the novel:

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

LAC Receipt of Acceptance Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit completed forms to: LAC Chair for the school.

WPS – Allison Duckett

WES – Jami Guker

WMS – Michelle Call

WHS – Eddie Brooks

DO – Jennifer Turner

Committee Review Team meeting was held on:

\_\_\_\_\_

Committee Review Team decision:

The team does not approve of the novel, and it must be removed from circulation. (Findings attached)

The team does not approve of the novel for \_\_\_\_ grade levels.

The team approves the book title for use by students.

I agree with the committee decision above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_