

Boerne Independent School District
Library Recommendation Form

Name:	Date:
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Please select accordingly:

I am a parent/guardian of a student currently enrolled in BISD schools.

Student name:
Grade level:
Campus:

I am an employee of BISD.

Staff ID:

Recommendation:

Title:
Author:
ISBN number:

Rationale:

PLEASE RETURN THIS FORM TO THE LIBRARIAN OR THE CLASSROOM TEACHER

<i>For internal use only</i>	
<i>Date received:</i> _____	
<i>Recommendation:</i>	<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not approved</i>