

**Buckeye Central Local School District
Instructional Material Request and Approval Form**

Name: _____ Date: _____

Name of Instructional Material Requested: _____

Vendor Name and Address: _____

Description of Material/Program Requested:

Quantity Requested: _____

Pricing Information: _____

Material/program will be used by: (please check all that apply)

- Teacher Directed / Teacher Access only
- Classroom set of hard materials to be used repeated years
- Individual student consumable books
- Individual Student Log-ins

How will this be used in your instruction?

Have you completed a trial with this instructional material/program? Yes No

Describe what this material/program does that is unique and different from current resources.

If the instructional material requires technology, is it compatible with the Chromebook?

Yes No (If no, what platform is required? _____)

Interested Parties: (check all that apply)

Individual Teacher only
 Group of teachers: _____
 Grade level(s): _____
 Subject area: _____

To be Purchased with:

Teacher Classroom Budget
 Building Curriculum Budget
 District Curriculum Budget

Educator Signature: _____

Principal Signature: _____

*Submit form to Tammy Studer:

Student Data Privacy Form Signed _____ YES _____ NO

(If NO, the form will be returned to you; If YES, the form will go to Director of Curriculum)

**Upon completion of this form, your principal or the Director of Curriculum will contact you with approval/denial and next steps.*

_____ *Approved*

_____ *Denied*

Director of Curriculum Signature: _____

<p>Notes:</p>
