

DELAWARE VALLEY SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

ADOPTED: SEPTEMBER, 2018

108-AR-2. TEXTBOOK RECOMMENDATION FORM

Date: _____

Subject: _____ Program/Level(s): _____

Textbook Recommended:

Title: _____

Author: _____

Publisher: _____

Copyright date/edition: _____

Planned Instruction: _____

Quantity: _____

Available formats: _____

Cost per book: _____

Auxiliary needs: _____

Method of evaluation used: _____

Statement of reason for recommendation: refer to the Textbook Evaluation Form when completing this statement.

Other Books Reviewed:

Title

Publisher

Printed names and signatures of staff members:

1. _____, Chairperson
2. _____
3. _____
4. _____
5. _____

Note: Please return the entire packet of information, including the Textbook Evaluation Form, and the textbook to be selected.