

**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 for: (please check one)

- Remote Learning only
- Classroom only
- Remote learning and in classroom

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: _____

Educator Signature: _____

Principal Signature: _____

Supervisor of Curriculum: _____

To be Purchased with:

___ Teacher Classroom Budget

___ Building Curriculum Budget

___ District Curriculum Budget