



TEACHER ASSISTANCE FORM
Please return this form to your public library 4 weeks before the materials are needed.

Teacher's Name _____ Teacher's Library Card No. _____

Teacher's E-mail _____ Teacher's Home Phone _____

Plan Period Time _____ School Phone _____

School District _____ School Name _____

Preferred time to be contacted for questions or pickup notification _____

Number of students per class _____ Preferred branch pickup location _____

Subject - What is your objective? (Include copy of assignment if possible)

Dates materials are needed (starting & ending) _____ Number of items desired _____

Types of materials: Fiction _____ Nonfiction _____ (If copyright allows): Videos _____ DVDs _____

Would you like duplicate titles? _____ Grade/Reading Level of Students _____ / _____

Are pictures more important than text? _____ Number of reference sources required per student _____

Please choose the collection that will best serve your needs (Check one):

Supplemental Classroom Collection (Items to be checked out by the teacher)
Teachers will be responsible for all items checked out on their personal library cards. Materials to be used in the classroom only.

Student Checkout Collection (Items to be checked out by individual students)
Students may come to the library to check out these items on their own personal library cards.

mymcpl.org

<u>Library-Use Only</u>	
Date form turned in _____	Received by _____
Date Holds Placed _____	Placed by _____
Date Teacher Notified _____	Notified by _____