

Library Acquisition Review Form
Fremont Unified School District Library/Media Centers

School: _____ Submitted by: _____

Title of Book/Resource: _____

Author(s) _____ Fiction Non-Fiction

Copyright Date: _____ Type of Resource: _____ Recommended Age Level: _____

Specific Course (if applicable):

**Criteria to Assist in the Screening of Library Resources
For Books/Resources Not Listed on the Notable Books and Resources List**

- ✓ Authentic, accurate, and up-to-date
- ✓ User will be inspired to further study/read
- ✓ Promotes critical thinking
- ✓ Encourages academic and emotional growth suitable to age and grade level
- ✓ Pertinent to State Standards or current issues
- ✓ Fulfills the responsibility of library collections as expressed in the Library Bill of Rights
- ✓ Of significant educational, social or artistic value
- ✓ Materials and themes are suitable to the grade, age, and maturity levels of the student
- ✓ Materials are free of bias and are in accordance with Ed. Codes 51204.5, 60040 and 60044
- ✓ Adheres to Board Policy and Administrative Regulation 6163.1 criteria and priorities
- ✓ Proposed resource needs to meet all criteria to be considered

Additional information or criteria used in the selection of the proposed library material:

<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	_____	
		Library Media Technician / Teacher Librarian*	Date
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	_____	
		Teacher	Date
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	_____	
		Teacher or Parent* (Optional)	Date
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	_____	
		Site Administrator*	Date
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	_____	
		District Librarian*	Date

Explanation for Disapproval: _____

*Current *Bias Review Form* (AR 6161.12) on file