Santa Maria Joint Union
HIGH SCHOOL DISTRICT

Where greatness grows.

Novel Evaluation Committee Review Form

Name of Novel: _____

Teacher initiating request: _____

NEC Review Date: _____

Name: _____ Yes No If no, please explain:

_____

Name: _____ Yes No If no, please explain:

_____

Name: _____ Yes No If no, please explain:

_____

Name: _____ Yes No If no, please explain:

_____

District Approval

_____ _____

Assistant Superintendent of Curriculum or Designee Date