REPORTING LOCAL ADOPTIONS FOR ARKANSAS HISTORY K-12 (7/1/08-6/30/14)

SCHOOL DISTRICT_____ LEA_____ COUNTY_____

ISBN NUMBER	Grade or Subject	Textbook/Instructional Material Title	PUBLISHER	ESTIMATE NUMBER NEEDED

_____
Superintendent

PLEASE SEND AS SOON AS POSSIBLE OR NO LATER THAN February 15, 2008
TO:

Sue McKenzie
Department of Education
Academic Standards and Assessment
4 Capitol Mall
Little Rock, AR 72201-1071
FAX 501-682-2980

Ark Code Ann. §6-21-413