

Port Washington-Saukville School District
Inter-School Literacy Materials
Tracking Sheet

Please complete the form and return to your building reading specialist who will arrange the transfer of materials.

Date _____

Name _____ School _____

Would like to borrow:

<i>Quantity</i>	<i>Title</i>

From _____ at _____
Person School

Materials will be returned on _____

Requesting Teacher signature _____

Reading Specialist signature _____

Any additional notes:

Materials returned on _____ by _____