

HUTCHINSON PUBLIC SCHOOLS

KDG, 1st & 2nd GRADES READING CONSUMABLE XEROX ORDER FORM

Building _____

Date Requested _____

Requested by _____

Date Needed _____

Approved by _____

Do Not
Mark In
This
Column

Areas in Gray are limited to 5 worksheets a week

Level	TITLE	☺	Page Number										Total Copies	
Kdg	Practice Book (Circle One)													
			Decodable Reader #											
Kdg	Decodable Books													
			Unit and Story # (example 1.3)											
	Leveled Readers - Independent													
			Unit #											
	Benchmark Assessments													
			Page Number											
	Progress Monitoring													
	Family Times													
			Page Number											
1st	Practice Book (Circle One) Unit 1 2 3 4 5													
1st	One) Unit 1 2 3 4 5													
1st	Grammar (Circle One) Unit 1 2 3 4 5													
1st	Fresh Reads													
1st	Family Times													
1st	Ten Important Sentences													
			Decodable Reader #											
1st	Decodable Books													
	Strategic Decodable Books													
			Unit and Story # (example 1.3)											
	Leveled Readers - Advanced													
	Leveled Readers - On													
	Leveled Readers - Below													
			Page Number											
2nd	Practice Book (Circle One) Unit 1 2 3 4 5													
2nd	Spelling/Work Work (Circle One)													
2nd	Grammar (Circle One) Unit 1 2 3 4 5													
2nd	Fresh Reads													
2nd	Family Times													
2nd	Ten Important Sentences													
			Decodable Reader #											
2nd	Decodable Books													
	Strategic Decodable Books													
			Unit and Story # (example 1.3)											
	Leveled Readers - Advanced													
	Leveled Readers - On													
	Leveled Readers - Below													

INSTRUCTIONS TO OPERATOR:

- Front Only
- Front & Back
- Collated in Sets
- Separate Stacks
- Stapled-Upper left-hand Corner

Directions:

1. Do not send original copy with form. Originals are available in the copy room.
2. Copies ordered on this form will be charged to district reading consumables xerox budget code.

Date Received in Copyroom _____

Date Sent From Copyroom _____

TO ORDER SEND THIS FORM TO THE COPY CENTER