

Media Center  
Cooperative Planning Form

Today's date: \_\_\_\_\_ Time: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ Subject: \_\_\_\_\_  
Media Center appointment: \_\_\_\_\_

Class Periods:

1	2	3	4	5	6	7
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Topic: \_\_\_\_\_

Instructional Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Media Center Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Media Requests: (Check all that apply).

Bibliography

Information access

Books pulled or placed on reserve

Related a/v materials

Instruction/assistance with production skills

Other: \_\_\_\_\_  
\_\_\_\_\_