Assignment Alert Form

Please send to Dally Memorial Library Mail it: 37252 Mound Street, Sardis, OH 43946 Phone it: (740) 483-1288 Fax it: (740) 483-2311 email it: dallylibrary@sbcglobal.net Please be prepared to offer all information on this form when calling or e-mailing. Thank you for helping us help your students! Teacher's name: _____ e-Mail: _____ School name: _____ School phone: _____ Grade working on this assignment: _____ Number of students in class: _____ Date assignment given: _____ Due Date: _____ Is this assignment given every year? \Box Yes \Box No If yes, please let us know if the assignment changes. It is not necessary to turn in a form every year for repetitive assignments. Please attach a copy of the assignment as given to the students or describe it here. What is the objective of the assignment? ☐ Learn library skills ☐ Identify sources ☐ Demonstrate knowledge of subject matter ☐ Create an accurate bibliography □ Other ____