

RECONSIDERATION OF INSTRUCTIONAL MATERIALS

605.2F RECONSIDERATION REQUEST FORM

REVIEW INITIATED BY: _____ DATE: _____

Name: _____

Address: _____

City/State _____ Zip Code _____ Telephone _____

School(s) in which item is used _____

Relationship to school (parent, student, citizen, etc.) _____

BOOK OR OTHER PRINTED MATERIAL IF APPLICABLE:

Author _____ Hardcover _____ Paperback _____ Other _____

Title _____

Publisher (if known) _____

Date of Publication _____

MULTIMEDIA MATERIAL IF APPLICABLE:

Title _____

Producer (if known) _____

Type of material (filmstrip, motion picture, etc.) _____

PERSON MAKING THE REQUEST REPRESENTS: *(circle one)*

_____ Self

_____ Group or Organization

Name of group _____

Address of Group _____

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1. What brought this item to your attention?

2. To what in the item do you object? (please be specific; cite pages, or frames, etc.)

3. In your opinion, what harmful effects upon students might result from use of this item?

4. Do you perceive any instructional value in the use of this item?

5. Did you review the entire item? If not, why not? What sections did you review?

6. Should the opinion of any additional experts in the field be considered?

___ yes ___ no

If yes, please list specific suggestions:

7. To replace this item, what other material(s), of equal or superior quality, do you recommend should be considered for the purpose intended?

Do you wish to make an oral presentation to the Review Committee?

_____ Yes

The approximate length of time your presentation will require is _____minutes.

_____ No

Do request alternative materials for your child? _____Yes No_____

Dated

Signature

Submit this form to the building Principal