

**Multnomah Education
Service District**

Code: **II/IIA-AR(2)**
Revised/Reviewed: 4/22/13

Request Form for Reconsideration/Re-Evaluation of Instructional Material
(Submit to Superintendent)

Date: _____

Name of Requester: _____

Group or Organization Requesting: _____

Address: _____ City/State/Zip: _____

Instructional Materials

Author: _____

Title: _____

Publisher: _____

Date of Publication: _____

Hardcover Paperback Other _____

Producer (if known) _____

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

Reason for Request

1. To what in the item do you object? (Please be specific, cite pages, frames, etc.) _____

2. In your opinion, what harmful effects upon pupils might result from use of this item? _____

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

4. Did you review the entire item? If not, what sections did you review? _____

5. Should the opinion of any additional experts in the field be considered?
 Yes No
Please list any suggestions, if any: _____

6. What would you like the school to do about this material?

- Do not use it with my child
- Withdraw it from use
- Send it back to the selector or selectors for evaluation
- Other _____

7. In place of this item would you care to recommend other material which you consider to be of equal or superior quality for the purpose intended? _____

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

- Yes No

If yes, please call the Superintendent's office at 503-257-1504.

Date

Signature