

**North Wasco County  
School District 21**

Code: **IIA-AR(2)**  
Revised/Reviewed: 6/08/00; 5/26/04; 6/15/17  
Orig. Code(s): IIA-AR

**Request for Reconsideration of Instructional Materials**  
(Submit to superintendent)

**Book or Other Printed Material If Applicable:**

Author \_\_\_\_\_  Hardcover  Paperback  Other  
Title \_\_\_\_\_ Publisher \_\_\_\_\_ Date published \_\_\_\_\_

**Digital Media If Applicable:**

Title \_\_\_\_\_ Producer (if known) \_\_\_\_\_  
Type of media (video, etc.) \_\_\_\_\_  
Request initiated by \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person making the request represents:  Self  Group or organization

Name of Group \_\_\_\_\_

1. To what in the item do you object? (Please be specific, cite pages, frames, etc.)  
\_\_\_\_\_
2. In your opinion what harmful effects upon students 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 suggestions if any: \_\_\_\_\_
6. What would you like the school to do about this material?  
 Do not use it with my student  
 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 \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

References: