

Request for Reconsideration of Instructional Materials

Fill in information as appropriate:

If printed give:

If audiovisual give:

Author _____

Title _____

Title _____

Type of Material _____

Material in this box will be provided by district personnel:

Hardcover _____

Paperback _____

Producer _____

Publisher _____

Distributor _____

Copyright Date _____

Copyright Date _____

Your name _____

Telephone _____

Address _____

City _____

You represent (check one)

Yourself only

(Name of Organization) _____

(Identify any other group) _____

1. To what in the material do you object? (Please be specific) _____

2. What do you believe might be the result of using this material? _____

3. Did you review the material in its entirety? _____ (Read all of the book or see the film and hear the discussion preceding and following the showing?) If not, what part did you review? _____

4. Are you acquainted with the judgment of this material by professional critics? _____

5. What would you like your school to do about this material?

- Do not use it with my student.
- Withdraw it from use with all students as well as from my student.
- Send it back to the selector or selectors for re-evaluation.

6. In its place, what material of quality would you recommend that would be an appropriate substitute in the curriculum subject area involved?

Date

Signature of Complainant