

**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? \_\_\_\_\_

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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? \_\_\_\_\_

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

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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?

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Date

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Signature of Complainant