

## Request for Reconsideration of Instructional Materials

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Do you represent yourself? \_\_\_\_\_ and organization? \_\_\_\_\_ (If and organization, please identify: \_\_\_\_\_)

Resource on which you are commenting:

Book/ebook     Magazine     Audio Recording

Textbook     Library Program     Newspaper

Video/DVD     Electronic information/network (Please specify)

Display     Other \_\_\_\_\_

Title \_\_\_\_\_

Author/Producer \_\_\_\_\_

1. Have you reviewed the materials in their entirety?    YES / NO  
**If not, please do so before completing and submitting this form.**

0. To what, in the material, do you object? (Please be specific: cite pages, etc.)

0. What do you believe might be the result of using the material?

0. For what age group would you recommend this material?

0. In its place, what material of equal quality would you recommend that could be used to teach similar subject matter?

0. What do you believe should be done with the material in question?

Remove it from the curriculum/library.

Do not allow my child to use this material.

Use it as supplemental material or a choice selection.

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_