

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

RECONSIDERATION REQUEST FORM

Request for re-evaluation of printed or multimedia materials to be submitted to the superintendent.

REVIEW INITIATED BY: _____ Date: _____

Name _____

Address: _____

City/State: _____ Zip Code: _____ Telephone: _____

School(s) in which item is used : _____

Relationship to school (parent, student, citizen, etc.): _____

BOOK OR OTHER PRINTED MATERIAL IF APPLICABLE:

Author: _____ Hardcover: _____ Paperback: _____ Other: _____

Title: _____

Publisher (if known): _____

Date of Publication: _____

MULTIMEDIA MATERIALS IF APPLICABLE:

Title: _____

Producer (if known): _____

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

PERSON MAKING THE REQUEST REPRESENTS: (*circle one*)

Self, Group, or Organization

Name of group: _____

Address of group: _____

1. What brought this item to your attention?

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2. To what in the item do you object? (please be specific; cite pages, or frames, etc.)

3. In your opinion, what harmful effects upon students might result from use of this item?

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

6. Should the opinion of any additional experts in the field be considered?

_____ yes _____ no

If yes, please list specific suggestions:

7. To replace this item, do you 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 (a) Please contact the Superintendent

(b) Please be prepared at this time to indicate the approximate length of time your presentation will require. Although this is no guarantee that you'll be allowed to present to the committee or that you will get your requested amount of time.

_____ No _____ Minutes

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Signature

Date

Signature

Date

Approved: 04/26/11

Reviewed: 04/10/17
05/09/22

Revised: _____