

## Request for Reconsideration of Instructional Materials

Name of Person Initiating Request: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you represent:

Yourself?

An organization? If an organization, please identify: \_\_\_\_\_

Resource on which you are commenting:

Assigned Book

Magazine

Newspaper

Audio Recording

Textbook

Video/DVD

Library Book

Classroom Library Book

Display

Electronic Information (please specify):

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_

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

1. Have you reviewed the resources in their entirety?  Yes  No (*if not, please do so before completing and submitting this form*)

2. Please state nature of objection (be specific; cite pages or other identifying factors)

\_\_\_\_\_  
\_\_\_\_\_

3. What do you believe might be the result of using this resource?

\_\_\_\_\_  
\_\_\_\_\_

4. For what age group would you recommend this resource?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

6. What do you believe should be done with the resource in question?

Do not allow my child to use this material

Use it as a resource material or one instructional choice

Remove it from the curriculum

Move to a higher campus level (e.g., move from JH to HS)

Other: \_\_\_\_\_

7. Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*Return this completed form to the building principal.*

\_\_\_\_\_

Building Principal

\_\_\_\_\_

Date Received

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