

Request for Reconsideration of Instructional Material

Please complete all sections of this form and submit the completed form to the building principal or district office.

Complainant's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Complainant represents:

Self _____ Organization or group _____

Address of group _____

1. Type of material about which you are concerned _____
2. Title of material _____
3. Author/creator _____
4. Publisher/Producer (if known) _____
5. Have you reviewed the entire material? _____

6. To what in the material do you object? (Please be specific; cite pages, passages, or frames, etc.)

7. What material(s) do you recommend, in its place, that would provide adequate information on the subject?

8. What would you like to have done with this material?
_____ Do not assign/recommend/allow my child to use.

_____ Have it re-evaluated. **(If the material is re-evaluated, the reconsideration committee's recommendation shall hold for retention or removal, per committee decision.)

_____ Other

**You shall be notified of the time and place for the action meeting of the reconsideration committee.