Citizen’s Request For Reconsideration Of Instructional Material

Title ____________________________________________________________

Author __________________________________________________________

Publisher (If Known) ______________________________________________

Type of material:  Book _________     Non-book (Please Specify) ______________

Complainant Represents:  Self  □   Organization  □

Position In Organization ___________________________________________

To What In the Material Do You Object?  Be Specific (Cite Pages or Parts)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did You Read Or View All Of The Material Under Consideration? ________________

If Not, What Parts? __________________________________________________________

What Do You Believe Is The Theme Of This Material? ____________________________

______________________________________________________________________________

What Do You Feel Might Result From Reading Or Viewing This Material? ______________

______________________________________________________________________________

In Your Opinion, Are There Educational Benefits In This Material? ________________

______________________________________________________________________________

If So, What? ________________________________________________________________

For What Age Group Would You Recommend This Material?

Elementary  □  Middle School  □  High School  □  Adult  □

How Would You Like The School District To Respond To Your Complaint About This Material?

______________________________________________________________________________

______________________________________________________________________________

What Material Would You Recommend As A Replacement? (Please Explain Why) ________

______________________________________________________________________________

______________________________________________________________________________

Signature of Complainant ___________________________ Date ___________________________

Address ____________________________________________________________

Telephone:  Home ________________________ Work ____________________________

RETURN THIS FORM TO YOUR PRINCIPAL

F-1 2310

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