

RECONSIDERATION OF INSTRUCTIONAL MATERIALS

RECONSIDERATION REQUEST FORM

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

<u>REVIEW INITIATED BY:</u>				DATE:	
Name					
Address					
City/State		Zip Code		Telephone	
School(s) in which item is used					
Relationship to school (parent, student, citizen, etc.)					
<u>BOOK OR OTHER PRINTED MATERIAL IF APPLICABLE:</u>					
Author		Hardcover		Paperback	Other
Title					
Publisher (if known)					
Date of Publication					
<u>MULTIMEDIA MATERIAL IF APPLICABLE:</u>					
Title					
Producer (if known)					
Type of material (filmstrip, motion picture, etc.)					
<u>PERSON MAKING THE REQUEST REPRESENTS: (circle one)</u>					
	Self		Group or Organization		
	Name of group				
	Address of Group				

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1.	What brought this item to your attention?			
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?			
5.	Did you review the entire item? If not, what sections did you review?			
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?			

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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.			
						Minutes.
	No					
	Dated				Signature	