

Reconsideration Request Form for Re-evaluation of Instructional Material

(Submit to Superintendent)

BOOK OR OTHER PRINTED MATERIAL IF APPLICABLE:

Author _____ Hardcover__ Paperback__ Other__

Title _____ Publisher/Date _____

AUDIOVISUAL MATERIAL IF APPLICABLE:

Title _____ Producer (if known) _____

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

Request initiated by _____ Telephone _____

Address _____

Person making the request represents: self__ group or organization__

Name of group _____

1. To what in the item do you object? Please be specific, cite pages, frames, etc.) _____

2. In your opinion what harmful effects upon pupils might result from use of this item? _____

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

4. Did you review the entire item? If not, what sections did you review? YES NO

5. Should the opinion of any additional experts in the field be considered? YES NO

Please list suggestions if any:

6. What would you like the school to do about this material?

Do not use it with my student

Withdraw it from use

Send it back to the selector or selectors for evaluation

Other: _____

7. In place of this item would you care to 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 NO

If yes, please call the Superintendent's office.

Date

Signature