

Request for Reconsideration of Instructional Materials

School: _____

Please check type of material:

- Book Non-Print Material
 Periodical Other

Title: _____

Author: _____

Publisher or Producer: _____

Request initiated by: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

The following questions are to be answered after the individual has read, viewed, or listened to the instructional material in its entirety. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional attachment.)

To what in the material do you object? (Please be specific, cite pages, etc.)

What do you believe is the theme or purpose of this material?

What do you feel might be the result of a student using this material?

For what age group would you recommend this material?

What is good in this material? Please comment.

Would you care to recommend other instructional material of the same subject and format?

Have you been able to discuss this work with the teacher or librarian?

Signature of Complainant _____ Date _____

Please return completed form to the school principal.