

# Board Policy

Code No. 605.3E2

## REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIAL

RETURN COMPLETED FORM TO  
BUILDING PRINCIPAL  
WITHIN FIVE SCHOOL DAYS

Date/Time \_\_\_\_\_

**I. Item Description** (fill in all information): \_\_\_\_\_

Title: \_\_\_\_\_

Author/Producer: \_\_\_\_\_

Published/Distributor: \_\_\_\_\_

Copyright Date: \_\_\_\_\_

**INSTRUCTIONAL MATERIAL FORMAT:**

<input type="checkbox"/> Book	<input type="checkbox"/> Study Print	<input type="checkbox"/> Internet Site
<input type="checkbox"/> Chart	<input type="checkbox"/> Audio Tape	
<input type="checkbox"/> Periodical	<input type="checkbox"/> Transparency	
<input type="checkbox"/> Multimedia Kit	<input type="checkbox"/> CD	
<input type="checkbox"/> Slides	<input type="checkbox"/> Videotape	
<input type="checkbox"/> Computer Software	<input type="checkbox"/> DVD	
<input type="checkbox"/> Programmed Materials	<input type="checkbox"/> Other	

**II. Request Initiated by:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

School(s) in which item is used: \_\_\_\_\_

Grade and subject in which item is used: \_\_\_\_\_

Person making the request represents: \_\_\_\_\_

a. Himself/Herself: \_\_\_\_\_

b. Group or Organization: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Address of Group: \_\_\_\_\_

Telephone: \_\_\_\_\_

**III. Please complete the following questions concerning the instructional material.  
Use extra paper as needed.**

1. Did you read, view, or listen to this instructional material in its entirety? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If not, what sections (page numbers) did you review?

2. Specifically, what do you object to in this material? Please be specific: (cite pages or frames, etc.)
  
3. What do you believe to be the main idea/theme/purpose of this instructional material?
  
4. What do you feel are the positive attributes of this material?
  
5. In your opinion, what do you think will be the results of students reading, viewing, or listening to this material?
  
6. Do you feel that this material is appropriate for any school age group?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what level?
  
7. In the 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. Specifically, what are your recommendations to the school with respect to the instructional material in question? (Check one)  
\_\_\_\_\_ a. Optional instead of required  
\_\_\_\_\_ b. To allow students to use alternate materials  
\_\_\_\_\_ c. Allow use at another level  
\_\_\_\_\_ d. Withdraw material from District's schools  
\_\_\_\_\_ e. Other (specify)

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**NOTE:** RETURN COMPLETED FORM TO BUILDING PRINCIPAL WITHIN FIVE SCHOOL DAYS.

*Approved: February 4, 1985*

*Reapproved: January 23, 1995  
June 15, 1998  
June 18, 2001  
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July 9, 2007  
August 1, 2011  
March 18, 2019*

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June 18, 2001  
August 1, 2011*