Code No.  605.3E2

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RECONSIDERATION OF INSTRUCTIONAL MATERIALS

*RECONSIDERATION REQUEST FORM*

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

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

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | What brought this item to your attention? | | | | | | | | |
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| 2. | To what in the item do you object? (please be specific; cite pages, or frames, etc.) | | | | | | | | |
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| 3. | In your opinion, what harmful effects upon students might result from use of this item? | | | | | | | | |
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| 4. | Do you perceive any instructional value in the use of this item? | | | | | | | | |
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| 5. | Did you review the entire item? If not, what sections did you review? | | | | | | | | |
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| 6. | Should the opinion of any additional experts in the field be considered? | | | | | | | | |
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|  |  |  | yes | | |  | no | | |
|  |  | | |  | |  | |  |  |
|  | If yes, please list specific suggestions: | | | |  | | | |  |
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| 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? | | | | | | |
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|  |  | Yes | (a) Please call the office of the Superintendent | | | | |
|  |  |  |  |  | |  |  |
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|  |  |  | (b) Please be prepared at this time to indicate the approximate length of time your presentation will require. | | | | |
|  |  |  |  |  | |  | minutes. |
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|  |  | No |  |  | |  |  |
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|  |  | | | |  |  |  |
|  | Dated | | | |  | Signature |  |

Approved: January 14, 1987 Reviewed: March 19, 2003 Revised: August 19, 2009

August 20, 2014