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.

|  |  |  |  |
| --- | --- | --- | --- |
| REVIEW INITIATED BY: |  | DATE: |  |
|  |  |  |  |  |  |
| Name  |  |  |  |  |  |
|  |  |  |  |  |  |
| Address  |  |  |  |  |  |
|  |  |  |  |  |  |
| City/State |  | Zip Code |  | Telephone |  |
|  |  |  |  |  |  |
| School(s) in which item is used  |  |  |  |
|  |  |  |  |  |  |
| Relationship to school (parent, student, citizen, etc.) |  |  |
|  |  |  |  |  |  |
| BOOK OR OTHER PRINTED MATERIAL IF APPLICABLE: |
|  |  |  |  |  |  |
| Author |  | Hardcover  |  | Paperback  |  | Other |  |
|  |  |  |  |  |  |
| Title |  |  |  |  |  |
|  |  |  |  |  |  |
| Publisher (if known)  |  |  |  |  |  |
|  |  |  |  |  |  |
| Date of Publication  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **MULTIMEDIA** MATERIAL IF APPLICABLE: |
|  |  |  |  |  |  |
| Title |  |  |  |  |  |
|  |  |  |  |  |  |
| Producer (if known)  |  |  |  |  |  |
|  |  |  |  |  |  |
| Type of material (filmstrip, motion picture, etc.) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| PERSON MAKING THE REQUEST REPRESENTS: *(circle one)* |
|  |  |  |  |  |  |
|  | 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.) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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 call the office of the Superintendent |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | (b) Please be prepared at this time to indicate the approximate length of time your presentation will require. |
|  |  |  |  |  |  | minutes. |
|  |  |  |  |  |  |  |
|  |  | No |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  | Dated |  | Signature |  |

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

 August 20, 2014