

**REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIAL(S)**

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

Publisher/Producer: \_\_\_\_\_ Copyright Date: \_\_\_\_\_

Book: \_\_\_\_\_ Filmstrip: \_\_\_\_\_ Other (specify) \_\_\_\_\_

Request Initiated By: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Complaint Represents: \_\_\_\_\_  
Self \_\_\_\_\_ Group/Organization (give name) \_\_\_\_\_

1. Have you reviewed or read this material in its entirety? \_\_\_\_\_

If not, what part(s)? \_\_\_\_\_

2. To what in the material do you object? (Please be specific; cite pages and passages)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you feel might be the negative results of using this material?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. For what age group would you recommend this material?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there anything beneficial about the material?

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6. Are you aware of the judgment of this material by professional critics?

What review of this material have you read?

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7. What would you like the County Office of Education to do about this material?

\_\_\_\_\_ Do not assign/lend it to my child

\_\_\_\_\_ Have a staff committee re-evaluate the material

8. In its place, what material of equal or superior quality would you recommend that would provide adequate information on the subject?

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9. Do you wish to make an oral presentation to a review committee if one is formed?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Additional Comments: \_\_\_\_\_

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\_\_\_\_\_

**THIS FORM MUST BE SUBMITTED TO THE SCHOOL PRINCIPAL OR PROGRAM ADMINISTRATOR. IF THE COMPLAINANT HAS REVIEWED THE MATERIAL IN ITS ENTIRETY, PROCEDURES FOR RECONSIDERATION WILL BE INITIATED.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Complainant