

REQUEST FOR RECONSIDERATION OF PRINT/NON-PRINT MATERIALS

Title _____

Type of Material _____

Author _____ Publisher/Producer _____

Reconsideration requested by _____

Phone _____ Street Address _____

City _____ State _____ Zip Code _____

Please answer the following questions after you have read, viewed, or listened to the school materials in their entirety. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional page.)

1. To what in the material do you object? Please be specific - cite pages, frames in a filmstrip, film sequence, CD ROM reference, etc.

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

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

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

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5. Is there anything good in this material? Please explain.

6. Do you have a recommendation for other material of the same subject and format?

Date

Signature

Please return completed form to the building principal.

Approved: November 23, 1998
Reviewed: June 9, 2014
Revised: