

**Policy 602.1E1 RECONSIDERATION of INSTRUCTIONAL MATERIALS**

**RECONSIDERATION REQUEST FORM**

(Request for the re-evaluation of printed or multimedia material to be submitted to the Superintendent.)

Request initiated by (Your Name):	Date:
Full address:	
Telephone:	
School(s) in which item is used:	
Relationship to school (parent, 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):
Date of publication or production:
Type of material (filmstrip, motion picture, etc.):

Person Making the Request Represents: (mark one)

Self:	<input type="checkbox"/>	Group or Organization:	<input type="checkbox"/>	Name of Group/Organization:	
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You may use additional paper to answer the following questions:

1. What brought this item to your attention?

2. To what in the item do you object? (Please be specific -- cite pages, frames, etc.)
3. In your opinion what harmful effects upon students might result from the 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?
  - a.  No
  - b.  Yes Please list specific suggestions:
7. In the place of this item would you care to recommend other material that you consider to be of equal or superior quality for the purpose intended?
8. Do you wish to make an oral presentation to the review committee?
  - a.  Yes  
Please call the office of the superintendent at 263-7223\*. Please be prepared at this time to indicate the approximate length of time your presentation will require. *\*This is no guarantee that you'll be allowed to present to the committee or that you will get your requested amount of time.*
  - b.  No

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SIGNATURE

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DATE