## 605.3E2 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:				
AuthorH	ardcoverPaperba	ckOther		
Title				
Publisher (if known)				
Date of Publication				
<u>AUDIOVISUAL MATERIAL IF APPLICABLE</u> :				
Title				
Producer (if known)				
Type of material (filmstrip, motion picture, et	c.)			
PERSON MAKING THE REQUEST REPRESENTS: (circle one)				
Self	Group or Organization			
Name of group				
Address of Group				

_	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?		
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6	Should the opinion of any additional experts in the field be considered? yes	No	
	If yes, please list specific suggestion		
7	7 To replace this item, do you recommend other material which 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) Please call the office of the Superintendent.		