REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS PHONE NUMBER: NAME OF COMPLAINT: ADDRESS: SELF: _ COMPLAINT REPRESENTS: ORGANIZATION: GROUP: Please complete the following information and respond to the questions. Attach additional pages, if necessary. Hardcover AUTHOR: ______Paperback____ TITLE: _____ PUBLISHER: _____ Where was this material used? To what in the material do you object? Please be specific and cite pages. 1. 2. Did you read, view, or listen to the entire material? ____ If not, what parts did you exclude? 3. What value is there in this material? 4. What do you feel might be the result of using this material? 5. Are you aware of any judgment of this material by professional critics? 6. What do you believe is the theme or purpose of this work?

8. Are you aware of the teacher's purpose in using this material?

For what age group would you recommend this book?

7.

9.	What would you prefer the school do about this material? Do not assign it to my child. Withdraw it from all students as well as my child.			
10.	What work of equal value would you recommend in place of this material?			
11.	Additiona	l Comments.		
Signature of Complaint:				Date:
(Adoption (Revision (Revision	date:	March 14, 1983) April 13, 2004) June 23, 2008)		