

# 622 Reconsideration of Instructional Materials

## Reconsideration Request Form

### RECONSIDERATION OF INSTRUCTIONAL MATERIALS RECONSIDERATION REQUEST FORM

Request for re-evaluation of printed or multi-media 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:

Author: \_\_\_\_\_ Hardcover: \_\_\_\_\_ Paperback: \_\_\_\_\_ Other: \_\_\_\_\_

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

Publisher: \_\_\_\_\_  
\_\_\_\_\_

Date of Publication: \_\_\_\_\_

#### Multimedia Material, If Applicable:

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

Producer: \_\_\_\_\_  
\_\_\_\_\_

Type of material (filmstrip, motion picture, etc.): \_\_\_\_\_  
\_\_\_\_\_

#### Person Making the Request Represents: (circle one)

Self                      Group or Organization

Name and Address of Group or Organization:

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

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

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 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?

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

If yes, please list specific suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

Yes \_\_\_\_\_ (a) Please contact the Superintendent

(b) Please be prepared at this time to indicate the approximate length of time your presentation will require.

Minutes \_\_\_\_\_

No \_\_\_\_\_

The committee will review your request and notify you if your request is granted; however, there is no guarantee that each and every request will be granted, either in terms of appearing before the committee or in receiving the amount of time requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_