

**Request for Reconsideration of Instructional Materials**

\_\_\_\_\_  
Name of Complainant                      Address                      Phone Number

Please complete the following information and respond to the questions. Attach additional pages if necessary.

Author:  
\_\_\_\_\_

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

Where was this material used?

\_\_\_\_\_  
School                      Teacher                      Class                      Grade Level

1. What in the material do you object to? (Be specific)
2. Did you read, view, or listen to the entire material? \_\_\_\_\_ If not, what parts didn't you?
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?
7. Are you aware of the teacher's purpose in using this material?
8. What would you prefer the school do about his material?
9. What work of equal value would you recommend in place of this material?
10. Additional comments:

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Policy:

Adopted: 09/11/2023