

Form

Code: 1500.2

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Date \_\_\_\_\_

*(Print or type in **black ink.**)*

**School District No. 12, Adams County**  
**CHALLENGE OR OBJECTION**  
**TO METHODS, CURRICULUM, ACTIVITIES OR PRESENTATIONS**  
*(Please attach additional pages as needed.)*

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_ Zip \_\_\_\_\_
3. Telephone \_\_\_\_\_
4. Class, subject, or activity \_\_\_\_\_
5. Teacher(s) involved \_\_\_\_\_
6. School \_\_\_\_\_
7. What are the specifics of your challenge and/or objection? *(List all specific objections and/or challenges.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Give specific examples related to your objection and/or challenge.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. When and how did this situation come to your attention?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How do you perceive this situation impacting students?

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11. What are the positive aspects of this situation?

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12. Are you aware of any research and/or professional review of this curriculum, method, or activity?  
*(Please list specific references with your comments.)*

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13. What specific action are you requesting?

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14. Please list any other information that will help in understanding and/or resolving this situation.

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Signature