

(Print or type in black ink.)
Adams 12 Five Star Schools
REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

Type of material _____ Date _____

Author (if applicable) _____

Title _____

Publisher or Producer _____

Name of Requestor _____

Telephone _____ Address _____

City _____ Zip _____

Requestor represents (check one)

_____ (Himself)

_____ (Organization name)

_____ (Other group)

1. To what in the material do you object? Why? (Please be specific; cite pages or location.)

2. For what age groups would you recommend this material?

3. What has been the result or what do you feel might be the result of exposing students to this material?

4. Did you read/view/hear the entire material? _____ Yes _____ No
If no, specifically which parts did you read, view or hear?

5. What do you believe is the theme of this material?

6. What critiques of this material have you read?

7. What should be done about this material?

- _____ Do not assign it to my child.
- _____ Have it re-evaluated by the professional staff responsible for materials selection
- _____ Other

8. In its place, what material would you recommend that would convey a valuable picture and perspective of the subject?

Signature of Complainant

Adapted from: "Citizen's Request for Reconsideration of a Book," National Council of Teachers of English.

Date _____

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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?

Date _____

10. How do you perceive this situation impacting students?

11. What are the positive aspects of this situation?

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

13. What specific action are you requesting?

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

Signature