

SAYDEL COMMUNITY SCHOOL DISTRICT

RECONSIDERATION REQUEST FORM

Request for re-evaluation of printed or multimedia 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 (if known) _____

Date of Publication: _____

MULTIMEDIA MATERIAL IF APPLICABLE:

Title _____

Producer (if known) _____

Type of material (CD-Rom, DVD, etc.) _____

PERSON MAKING THE REQUEST REPRESENTS: (Circle one)

Self Group or Organization

Name of group _____

Address of group _____

1. What brought this item to your attention?

2. To what in the item do you object? (please be specific; cite pages, or 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

Dated

Signature