

Parent/Guardian Request for Reconsideration of Instructional Material CMAC 2020 F-5



Northshore School District
3330 Monte Villa Parkway
Bothell, WA 98021

Please complete this form and return it to the school principal. Date _____

Request initiated by _____ Telephone _____

Address _____

I represent _____ self _____ organization (name) _____

I request reconsideration of the following material (please check type):

☐ Book ☐ Textbook ☐ Magazine ☐ Pamphlet ☐ Library Resource ☐ Other _____
☐ Electronic Media ☐ Software ☐ CD-ROM ☐ DVD ☐ Video ☐ Film

Title _____

Author/Editor _____ Publisher/Producer _____

Copyright date _____ Edition _____ ISBN# _____

School _____ Grade Level _____

Course Name _____

Have you familiarized yourself with the Northshore School Board Policy 2020 and
Administrative Procedure 2020P for Instructional Materials? _____ Yes _____ No

To see policy 2020 and 2020P, please visit NSD webpage: <http://www.nsd.org/nsdsbpolicies>

I contacted the following Northshore School District staff (e.g. teacher, principal, librarian,
and/or Instructional Support staff).

Name(s): _____ Date of contact: _____ Type of contact (phone, e-mail, in person) _____

Did you review the material in its entirety (e.g. read all the book, see the entire video or film,
review all of the software)? _____ Yes _____ No

If not, what part (s) did you review?

What point(s) is the author or producer trying to convey to the reader or viewer?

What age group should use this material? Why?

What aspects of the material do you find objectionable? Please be specific. Cite the pages, passages, or sections. Attach additional pages if necessary.

What do you feel might be the adverse impact of a student reading, viewing, or using this material?

Please summarize evaluations of this material by experts in the field using specific examples if they are available. Be prepared to submit copies of these evaluations or reviews.

What do you want your school to do with this material? Please check one of the following:

- ☐ Exempt my child from using this material.
- ☐ Recommend that no students use this material.
- ☐ Send the material to the CMAC for re-evaluation (e.g., review of appropriate grade level use).

What material would you recommend to replace the challenged material?

Signature(s)

Parent/Guardian Request for Reconsideration of Instructional Material

For CMAC office use only: *Date received (NSD stamp):*

Title of Material for Reconsideration:

Name of citizen(s) requesting reconsideration_____

Hearing to be set within 30 days of the Committee Chair's receipt of the completed request form.

Date of Hearing: Time: Location:

Date written notification of hearing sent to complainant(s):

List names of appropriate staff notified of hearing date and time:

Outcome of hearing:

Date written notification of hearing outcome sent to all parties:
