



Alternative Reading Request

Form

Date: School Name: Teacher Name:
Student Name: Student Grade Level:
Parent Name: Parent Phone Number:
Title: Author:

Rationale for alternative request (please include specific objections to the original text):

Parent Signature: Date:

Please submit completed form to the classroom teacher.

- OFFICE USE ONLY -

Received by: Date:
Teacher Signature: Date:
Administrator Signature: Date:

Course of action taken: