



Chatfield Public Schools

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Form 660F - Reconsideration of Instructional Material Form

Date _____ Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

Do you represent self? _____ Organization? _____ Group (identify) _____

Name of Organization/Group _____

1. Resource on which you are commenting:

___ Book (e-book) ___ Movie ___ Magazine ___ Audio Recording

___ Digital Resource ___ Game ___ Newspaper ___ Other _____

Title _____

Author/Producer _____

What age group (class or grade) was found using this material? _____

2. What brought this resource to your attention? _____

3. Have you examined the entire resource? _____ If not, what sections did you review?

4. What concerns you about the resource? (Please be specific) _____

5. What do you feel might be the result of being associated with this material? _____

6. For what age group would you recommend this material? _____

7. Do you find anything good about this material? _____

8. Are you aware of the judgment of this material by critics? _____

9. For what purpose do you think this material was designed? _____

10. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

11. What action are you requesting the committee consider?

_____ Do not assign it to my child.

_____ Withdraw if from all students as well as from my child.

_____ Other _____

Signature of the partying requesting reconsideration of
Instructional material

Date