

INSTRUCTIONAL RESOURCES

EF
(EXHIBIT)

See the following pages for forms relating to reconsideration of instructional resources:

Exhibit A: Request for Reconsideration of Instructional Resources—2 pages

Exhibit B: Checklist for Reconsideration of Instructional Resources —4 pages

INSTRUCTIONAL RESOURCES
EXHIBIT A

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL RESOURCES

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Do you represent yourself?

- Yes
- No

If representing a group or organization, please identify: _____

Resource on which you are commenting:

- | | | |
|-----------------|-----------------------------------------------------|-----------------------|
| _____ Book | _____ Magazine | _____ Audio Recording |
| _____ Textbook | _____ Library
Program/Event | _____ Newspaper |
| _____ Video/DVD | _____ Electronic information (please specify) _____ | |
| _____ Display | _____ Other _____ | |

Title _____

Author/Producer _____

All resources must be reviewed in their entirety before completing and submitting this form. When requesting reconsideration of a specific book, the book must be fully read by the complainant prior to form submission.

1. To what in the resource do you object? Please be specific by citing examples and referencing pages or a timestamp (for videos).

2. What brought this resource to your attention?

INSTRUCTIONAL RESOURCES

3. Please comment on the strengths and weaknesses of this resource as a whole.

4. In its place, what resource of equal quality and similar subject matter would you recommend for use?

5. What do you believe should be done with the resource in question?

- Remove it.
- Do not allow my child to use this material.
- Use it as a choice selection.
- Move the resource to another level (ES, MS, HS).
- Other _____

Please note that this form is considered public information. By signing, you are also confirming that you have reviewed (and/or read) the resource in its entirety.

Complainant signature _____ Date _____

EXHIBIT B

CHECKLIST FOR RECONSIDERATION OF INSTRUCTIONAL RESOURCES

Type of Resource _____

Title _____

Author/Producer _____

1. Purpose

What is the overall purpose of the resource? _____

2. Authenticity

a. Is the author/producer competent and qualified in the field?

Yes No

Comments _____

b. Is the resource up-to-date? Yes No Year Published _____

Comments _____

c. Where applicable, are information sources well documented either in the resource or in guides? Yes No Not Applicable

Comments _____

3. Appropriateness

- a. If used in classroom instruction, does the resource promote the educational goals and objectives of the curriculum? Yes No Not Applicable

Comments _____

- b. What do the majority of professional reviews state as the appropriate age/grade range and interest level?

- c. Is the resource appropriate for the ages and/or grade levels of the intended audience? Yes No

Comments _____

- d. Are the illustrations appropriate for the grade and/or age levels of the intended audience?

Yes No Not Applicable

Comments _____

4. Content

- a. Does this resource meet the applicable objectives and selection criteria established for the selection of instructional resources as stated in policy EF (LOCAL)? Yes No

Comments _____

- b. Does the resource give a dimension or direction that is new or different from others available for the subject? Yes No Not Applicable

Comments _____

5. Review/Evaluations (Please attach reviews to the report, if applicable.)

a. Has this resource been nominated for or won any awards? If so, which one(s)?

b. Source of review/evaluation _____

Recommended age or grade range _____

- Favorably reviewed
- Unfavorably reviewed

c. Source of review/evaluation _____

Recommended age or grade range _____

- Favorably reviewed
- Unfavorably reviewed

Additional comments

Recommendations by review committee for treatment of questioned resource (indicate "yes" or "no" for inclusion at each level)

Elementary School and Above _____ (if "yes", skip the next two entries)

Middle School and Above _____ (if "yes", skip the next entry)

High School _____

Roles of review committee members:

_____	_____
_____	_____
_____	_____

Chairperson _____

Date _____

DATE ISSUED: [5/02/2022](#)

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Attachment to EF (EXHIBIT B): Review committee documentation to be completed individually, one per person, and submitted to the committee chair.

Committee Member Role (Teacher, Librarian, Administrator, Parent, etc.)

Resource in Question

After reading/reviewing the resource in its entirety, reviewing district policy regarding instructional material selections, and discussing with the review committee members, it is my determination that the treatment of the questioned resource should be as follows (indicate “yes” or “no” for inclusion at each level):

Elementary School and Above _____ (if “yes”, skip the next two entries)

Middle School and Above _____ (if “yes”, skip the next entry)

High School _____

Please include other comments regarding the strengths and weaknesses of the resource as a whole.

Acknowledgement

I understand that my participation on the Reconsideration Committee is confidential as is the content that was discussed during the committee meeting.

DATE ISSUED: [5/02/2022](#)

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