

FERNDALE SCHOOL DISTRICT NO. 502
P.O. BOX 698
Ferndale, Washington 98248

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

Identification

Request initiated by _____

Address: _____

City: _____ Telephone: _____

Person requesting reconsideration represents:

- Parent or guardian of a student presently enrolled in _____ school.
- Organization (identify)
- Other (identify)

Material to be reconsidered

Title _____

Author _____

Publisher/Producer _____ Copyright Date _____

Explanation

1. To what in the materials do you object? Please be specific; cite pages and/or give examples.

2. Did you read, see, or hear the entire content?

3. Have you read any reviews of this material?

4. What do you believe is the theme of this material?

5. What do you feel might be the consequence of the use of this material?

6. Is there anything about this material that you would recommend?

7. What would you like your school to do about this material?

_____ Do not make it available to my child

_____ Restrict its use to a different grade level

_____ Withdraw it from all students

_____ Other _____

8. What would you recommend to replace this material?

Signature of Citizen