

Request for Reconsideration of Instructional Materials

Date: _____

Name: _____

Address: _____

City / State / Zip code: _____

Phone number: _____

Do you represent:

Yourself?

An organization?

If an organization, please identify: _____

Resource on which you are commenting:

Movie

Website

Software application or other educational technology

Book

E-Book

Magazine

Newspaper

Audio recording

Textbook

Video/Streaming Media

Electronic information/network (*please specify*): _____

Other: _____

Title: _____

Author/Producer: _____

1. Have you reviewed the resources in their entirety? *(If not, please do so before completing and submitting this form.)*
 - Yes
 - No
2. To what in the resource do you object? *(Please be specific. Cite pages and the like.)*
3. What do you believe might be the result of using this resource?
4. For what age group would you recommend this resource?
5. In its place, what resource of equal quality would you recommend that could be used?
6. What do you believe should be done with the resource in question?
 - Remove it from the CCISD curriculum.
 - Do not allow my child to use this resource.
 - Use it as resource material or a choice selection.

Complainant's signature: _____

Date: _____