

# FSUS Request for Reconsideration of Instructional Material Form

This form is to be submitted by any district resident(s), employee(s), or student(s), requesting the reconsideration of a curriculum-related material. ***For an instructional material item to be reconsidered, this form must be completely filled out and returned to the office of the FSUS principal.***

Title of Work \_\_\_\_\_

Author/Producer \_\_\_\_\_

Description of Material \_\_\_\_\_

Location of Material \_\_\_\_\_

Request initiated by \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Complainant represents: (circle one) himself/herself    Organization \_\_\_\_\_

To what material do you object? Please be specific. \_\_\_\_\_

\_\_\_\_\_

Did you read/view the material in its entirety? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, what portion(s)? \_\_\_\_\_

What do you believe to be the theme/content of this material? \_\_\_\_\_

\_\_\_\_\_

After conferring with the appropriate faculty member, what did you understand to be the intended objective of this material? \_\_\_\_\_

What do you believe might be the result of students viewing/reading this material/work?

\_\_\_\_\_

For what age group would you recommend this material? \_\_\_\_\_

What educational value does this material have? \_\_\_\_\_

Are you aware of the evaluation of this material by critics or experts in the field?

\_\_\_\_\_

What is your desired outcome of this reconsideration process? \_\_\_\_\_

\_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_