

Instructional Media Selection Appeal
Request for Reconsideration of Instructional Resources



Name: _____

Address: _____ Telephone: _____
(street, city, state)

Complainant represents: ____ (himself/herself) or ____ (organization) Organization Name: _____

Are you a parent or guardian of a student in this school? _____ Child's grade level: _____

Title of the item: _____

Format: _____
(book, video, DVD, digital clip, etc.) A separate form must be completed for each item.

Author/Artist/Composer, Etc.: _____ Publisher/Producer: _____

Copyright Date: _____ Did you read, view, or listen to the entire item? _____

If not, what parts? _____

Is this item part of a series or set? _____

If yes, did you examine other items in the series or set? _____

To what in the item do you object? Please be specific: cite pages, frames, etc.

What do you feel might be the result of a student's reading, viewing, or listening to this item?

Are you aware of any evaluations of this item by authoritative sources? _____ Yes _____ No

If yes, did those sources agree with your opinion? ____ Yes ____ No Please list the sources: _____

Do you want other persons in the community to determine the kind of materials your child may or may not use in school?

Other Comments:

Signature: _____ Date: _____