

PFLUGERVILLE ISD
REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Do you represent yourself? _____ an organization? _____ (If an organization, please identify: _____)

Resource on which you are commenting:

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

Title _____

Author/Producer _____

1. Have you reviewed the materials in their entirety? If not, please do so before completing and submitting this form.
2. To what in the material do you object? (Please be specific: cite pages, and the like)

3. What do you believe might be the result of using this material?

4. For what age group would you recommend this material?

5. In its place, what material of equal quality would you recommend that could be used to teach similar subject matter?

6. What do you believe should be done with the material in question?
 - Remove it from the curriculum.
 - Do not allow my child to use this material.
 - Use it as resource material or a choice selection.

Complainant signature _____ Date _____