



Curriculum Concern Form

Your Name _____ Phone _____

Address _____

School _____ Student's Name _____

Concern: Check type of material or instructional methodology

- | | | |
|--|--|--|
| <input type="checkbox"/> Classroom Assigned Book | <input type="checkbox"/> Media Center Book | <input type="checkbox"/> Other: Please explain |
| <input type="checkbox"/> Classroom Library Book | <input type="checkbox"/> Movie/Podcast | _____ |
| <input type="checkbox"/> Periodical | <input type="checkbox"/> Kit | _____ |
| <input type="checkbox"/> Software | | _____ |

Title of Material:
Author:
Publisher or Producer:

Per ZCS 9130 Policy, you met with the person closest to the situation or responsibility (ex: classroom teacher). Then, you met with the school administrator (ex: principal) before filling out this form unless the school administrator requested the completion of this form. Please explain the outcome of each meeting (ex: teacher meeting and principal meeting).

Outcome of Meeting #1 (Please list the names of all involved in this meeting):

Outcome of Meeting #2 (Please list the names of all involved in this meeting):

The following questions are to be answered after you have read, viewed, or listened to the material in its entirety. If sufficient space is not provided, attach additional sheets. (Please sign and date each additional sheet.)

What is your concern?

What do you feel might be the result of exposing a student to this material?

What are the positive values to be gained in reading/listening/viewing the entire selection?

For what age group would you recommend this material?

What do you believe is the major theme or purpose of this material?

What are the evaluations of this title by professional critics with expertise in this area of study?
Please attach the review or provide the link.

Title of Source of Review:

Name of Critic:

If review is not attached, list the link:

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Name of Critic:

If review is not attached, list the link:

For your child, please state the requested outcome.

Signature _____

Date _____