

Miller Place Union Free School District
Miller Place, New York 11764
Board of Education Policy

1420.F

REQUEST FOR RECONSIDERATION OF A WORK

APPENDIX A

REQUEST FOR RECONSIDERATION OF A WORK
(Attach extra pages if needed to complete statements)

Author, composer, producer, artist, etc. _____

Title _____

Publisher _____

Copyright _____

Request initiated by _____

Address _____

Phone Number _____

Complainant represents:

_____ Self

_____ Name of organization _____

_____ Identify other group _____

1. To what in the work do you object? Please be specific, citing exact pages and explain why you object to the work.

2. What of value is there in this work (if any)?

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3. What do you feel might be the result of reading, viewing, or listening to this work?

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

5. Did you read, view, or listen to the entire work? If not, which pages or sections did you review, view, or listen?

6. Are you aware of the judgment of this work by critics and/or professional reviews?

7. Are you aware of the teacher's or librarian's purpose in using this work?

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8. What do you believe is the theme or purpose of this work?

9. What would you prefer the school do about this work?

- ☐ Do not assign or recommend this work to my child.
- ☐ Withdraw this work from use by all students.
- ☐ Send this work back to the proper department for reevaluation.

10. What work of equal value would you recommend in its place that would convey as valuable a picture and perspective of a society or set of values?

Signature of the complainant

Date

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APPENDIX B

INSTRUCTIONAL MATERIAL REVIEW COMMITTEE FORM
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Author, composer, producer, artist, etc. _____

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Justification for inclusion of material including theme and instructional purpose.

Professional reviews and judgement of material. (Include copies of professional reviews indicating the source as appropriate.)

Instructional Material Review Committee's judgment of material:

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Instructional Material Review Committee's findings, decision, and supporting comments (Include statements from majority and minority positions as appropriate):

Signatures of Committee Members:

Copies of the Instructional Material Review Committee Form sent to:

- _____ Superintendent
- _____ Assistant Superintendent
- _____ Building Principal
- _____ School Library Media Specialist
- _____ Instructional Material Review Committee Teacher Representative
- _____ Instructional Material Review Committee Parent Representative
- _____ Complainant

Adopted: 06/17/2105
Reviewed: 05/27/2015 07/02/2019 02/26/2025
Revised: 08/28/2019 04/23/2025