

Valley View School District 365U

Every Learner. Every Day.



Instruction

Exhibit - Curriculum Objection

Please complete this form and return it to the Building Principal, who will submit it to the Assistant Superintendent. Please print.

Subject area

Classroom teacher

Please state, as precisely as possible, the specific curriculum area, instructional material, or program to which you object (*include name, title, author, and any other identifying information*).

How did you become aware of the curriculum area, instructional material, or program?

☐ by classroom observation

☐ by review of materials

☐ by word-of-mouth / social media

☐

other _____

To what in the curriculum area, instructional material, or program do you object? Be specific.

Do you want your child excluded from participation?

☐ Yes

☐ No

Complainant name (*please print*)

Telephone

Complainant represents:

☐ Student

☐ Parent/guardian of student

☐ Other _____

Complainant address

Complainant signature

Date

Curriculum Objection ☐ Approved

☐ Not Approved

Principal Signature

Date

Assistant Superintendent

Date