

BLAINE SCHOOL DISTRICT #503

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

DATE: _____

TITLE: _____

AUTHOR/PRODUCER (if known): _____

TYPE OF MATERIAL (e.g., assigned text, supplemental reading, library): _____

NAME OF REQUESTER: _____ TELEPHONE: _____

ADDRESS: _____

SCHOOL STUDENT ATTENDS: _____ GRADE LEVEL: _____

REQUESTER REPRESENTS:

Parent: _____ Guardian/Custodian: _____ Other (please specify): _____

To what specific passages or aspects of the material do you object? Please include page numbers, quotes, and/or excerpts, if possible. _____

What do you believe might be the result of reading/viewing this material? _____

For what age group would you recommend this material? _____

What is of educational value in this material? _____

Did you read/view the entire content? _____ If not, what parts did you read/view? _____

What do you believe is the theme of this material? _____

What would you like your school to do about this material? (e.g., do not assign it to my child; withdraw it from all students as well as from my child; send it back to the Instructional Material Committee (IMC) for additional evaluation)

In its place, what material would you recommend on the subject? _____

Signature of Requester _____

Please return this form to the Curriculum Office at 770 Mitchell Avenue