## Reconsideration of Instructional and Library Materials Request Form

Request for re-evaluation of printed or multimedia material to be submitted to the superintendent.

REVIEW II	NITIATED I	<u> 3Y:</u>			
Name:					
Address:					
City/State:			Zip Code:	Telephone:	
School(s) in	which item	is used:			
Relationship	p to school (1	parent, studen	t, citizen, etc.):		
BOOK OR	OTHER PR	INTED MAT	ERIAL IF APPLICABLE:		
Author:					
Title:					
Publisher:					
Date of Pub	olication:				
<u>MULTIME</u>	DIA MATE	RIAL IF APP	LICABLE:		
Title:					
Producer:					
Type of Ma	terial (filmst	rip, online res	source, motion picture, etc.)	·	
PERSON M	IAKING TH	E REQUEST	REPRESENTS (circle one	·)	
	Self	or	Group/Organization	ı	
	Name of	Group:			
	Address	of Group:			

1. What brought this item to your attention?	
2. To what in the item do you object? (please be	e specific; cite pages, or frames, etc.)
3. In your opinion, what harmful effects upon s	students might result from use of this item?
4. Do you perceive any instructional value in the	ne use of this item?
5. Did you review the entire item? If not, what	sections did you review?
6. Should the opinion of any additional experts	in the field be considered? (if yes, please list specific suggestions)
7. To replace this item, do you recommend other for the purpose intended?	er material which you consider to be of equal or superior quality
8. Do you wish to make an oral presentation to	the Review Committee?
Yes  a. Please contact the Superintendent b. Please indicate the approximate lengt  (Note: A presentation to the contact the contact the superintendent)	th of your presentation:Minutes nmittee of any length is not guaranteed.)
No	
Signature Da	ate