

REQUEST FOR REVIEW OF MATERIALS

Author _____

Title _____ Publisher (if known) _____

Request initiated by _____ Telephone _____

Address _____ City _____

Complainant represents: Self _____ Organization _____ Group _____

1. To what in the material do you object? (Please be specific; cite pages.)

2. What do you feel might be the result of a student reading or viewing the material?

3. For what age group would you recommend this material? _____

4. What do you think is good about this material? _____

5. Share evaluation of this material by educational critics (if none list none).

6. What would you like your school to do about this material?

- Do not assign it to my child.
- Withdraw it from all students as well as from my child.
- Send it back to the appropriate department office for reevaluation.

7. Comments:

Date: _____ Signature of Complainant _____