

REQUEST FOR REVIEW FORM

(SUBMIT TO THE SUPERINTENDENT)

Item Description (fill in all applicable information)

Author _____

Title _____

Publisher or Producer (if known) _____

Date of Publication or Production _____

Type of Material (book, video, software, etc.) _____

Request Initiated by _____

Telephone _____ Address _____

City/State _____ Zip Code _____

School(s) in which item is used _____

Person making the request represents self group

Name of Group _____

Address of Group _____

REQUEST FOR REVIEW FORM

1. Did you review the entire item? If not, what sections did you review?

2. To what in the item do you object? (Please be specific; cite pages or section)

3. In your opinion, what harmful effects upon students might result from use of this item?

4. In your opinion what is the instructional value in the use of this item?

5. Should the opinion of any additional experts in the field be considered?

_____ Yes Please list suggestions if any _____

_____ No

6. In the place of this item would you care to recommend other material which you consider to be of equal or superior quality for the purpose intended?

_____ Yes. Please list suggestions: _____

_____ No

7. What action do you request the Review Committee recommend?

_____ a. to remove all or part of the challenged material from the school environment.

_____ b. to limit the educational use of the challenged material.

_____ c. to keep the material unrestricted.

_____ d. to give my child/children an alternate assignment.

_____ e. other

8. Do you wish to make an oral presentation to the Review Committee?

_____ Yes a. Please also call the office of the superintendent.
b. Please be prepared when you call to indicate the approximate length of the presentation.

_____ No

_____ DATE

_____ SIGNATURE