## REQUEST FOR RECONSIDERATION OF CURRICULUM-RELATED MATERIALS

This form is to be submitted by any district resident(s), employee(s) or student(s), requesting the reconsideration of curriculum-related materials.

Des mat	cription of challenged erial:				
	ation of challenged erial:				
Aut	hor/producer:				
Title wor	e of k:				
	uest initiated				
Telephone: Home		Work	Work		
Address		City	State	Zip	
Him Nan	nplainant represents: nself/herself ne of organization ne of other group To what in the material do you				
2.	Did you view (road the meterial				
3.	Did you view/read the material  What do you believe to be the terial?	theme/content of this			
4.	After conferring with the class nded objective?	room teacher, what did	you understa	nd to be the	
5. mat	What do you believe might be t erial/work?	the result of students v	iewing/reading	g this	

6.	For what age group would you recommend this material?	
7.	What educational value does this material have?	
8. field?	Are you aware of the evaluation of this material by critics or other experts in the	
9.	What would you like your school to do about this material?	
(Attach	n additional comments if needed)	
	Signature of Complainant	