Request for Reconsideration of Instructional Resources

(Referenced in Policy 3210: Parental Inspection of and Objection to Instructional Materials)

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| Name of person making request: |  |
| Phone: |  | Email: |  |
| Relationship to Catamount School Student: |  |
| Name of Student: |
| Title of Item: |  |
| Type of Item (e.g., book, video, recording, software, website, etc.) |  |
| Author/Artist/Composer: |  |
| Publisher/Producer (if known): |  |
| How did you acquire this item? |  |
| Have you read, watched, and/or reviewed this entire item? | Yes: | No: |
| If not, what parts have you reviewed? |  |  |
| Is this item part of a series or set? | Yes: | No: |
| If yes, did you examine other items in the series or set? | Yes: | No: |
| What do you believe to be the theme and purpose of this item? |
| To what in the item do you object? Please be as specific as possible (page numbers, images, etc.). |
| Does this item have any good characteristics? Please name them. |
| For what age group or grade level might you recommend this item? |
| Are you aware of any evaluations of this item by authoritative sources? If so, please provide copies or references so that the committee may review them. |
| What would you like the school to do about this item? Please check all that apply. |
| Not assign it to your child. |  |
| Not assign it to any child. |  |
| Withdraw it from the collection. |  |
| Other (specify). |  |
| Would you recommend something in lieu of this item? If so, what? |
| Why is your recommendation a better choice? |
| Other comments: |
|  |
| Printed Name of Complainant |
|  |
| Signature of Complainant |
|  |
| Date |