COMPLAINTS ABOUT CURRICULA OR INSTRUCTIONAL MATERIALS EXHIBIT

REQUEST FOR REEVALUATION OF INSTRUCTIONAL MATERIALS

Reque	est initiated by
Date _	Telephone
Addre	ess
Comp	lainant represents (check one): Self Group
	If Group, name:
TITLE	E:
AUTF	HOR:
	sher or Producer:
Publis	sher's recommended grade level:
Book	AV material (please specify format) Other
1.	Have you read/heard/seen the material in its entirety?
2.	To what do you specifically object? Please cite specific passages, pages, etc.
3.	Is your objection to this material based upon your personal exposure to it, upon reports you have heard, or both?
4.	What do you believe is the theme or purpose of the material?
5.	What do you feel might be the result of reading/ viewing this work?
6.	In its place, what work of equal value would you recommend that would convey as valuable a picture and perspective of a society or a set of values?
7.	Do you wish to make an oral presentation of 15 minutes or less to the Materials Review Committee?
Signat	ture Date

Adoption date:

NYSSBA Sample Exhibit

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