

**INSPECTION OF AND OBJECTION TO
INSTRUCTIONAL MATERIALS**

Regulation Code: 3210R

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL RESOURCES

NAME OF PERSON MAKING REQUEST: _____

ADDRESS: _____ TELEPHONE: _____

Complainant represents: _____ himself/herself or _____ organization
If organization, what is the name of the organization? _____

Are you a parent or guardian of a student in this school? _____ Child's grade level: _____

Name of school owning the item to be reconsidered: _____

TITLE OF ITEM: _____ Format: _____
(Please complete separate form for each individual title to be reconsidered) (book, video, etc.)

AUTHOR/ARTIST/COMPOSER, ETC.: _____

PUBLISHER/PRODUCER: _____ COPYRIGHT DATE: _____

How did you acquire this item? _____

Did you read, view, or listen to the entire item? _____
If not, what parts? _____

Is this item part of a series or set? Yes _____ No _____
If yes, did you examine other items in the series or set? _____

To what in the item do you object? (Please be specific: cite pages, frames, etc.)

What do you feel might be the result of a student's reading, viewing, or listening to this item?

Are you aware of any evaluations of this item by authoritative sources? Yes ___ No ___
If yes, did those sources agree with your opinion? Yes ___ No ___

List the sources: _____

Other comments: _____

Signature of Complainant

Date

REQUEST FOR REVIEW OF BUILDING-LEVEL RECOMMENDATION

NAME OF PERSON MAKING REQUEST: _____

ADDRESS: _____ TELEPHONE: _____

Complainant represents: _____ himself/herself or _____ organization
If organization, what is the name of the organization? _____

Are you a parent or guardian of a student in this school? _____ Child's grade level: _____

Name of school owning the item to be reconsidered: _____

TITLE OF ITEM: _____ Format: _____
(Please complete separate form for each individual title to be reconsidered) (book, video, etc.)

AUTHOR/ARTIST/COMPOSER, ETC.: _____

PUBLISHER/PRODUCER: _____ COPYRIGHT DATE: _____

Are you aware of the reasons for the building-level decision regarding this resource? Yes __ No __

What aspects of the decision are you requesting be reviewed? _____

Do you have additional comments or information about the resource that you did not include on the building-level Request for Reconsideration form? Yes _____ No _____
If yes, please include: _____

Other comments: _____

Signature of Complainant

Date

Replaces Administrative Regulation 645R

History of 645R

Adopted: September 5, 2003

Revised: October 5, 2006

Revisions Replacing Administrative Regulation 645R were submitted for information: August 6, 2015