CHALLENGE OF INSTRUCTIONAL MATERIALS FORM

Type of Material: ____ Book ____ Magazine/Periodical ____ Film ____Recording

____ Software ____ Other (Please specify) _____

Author (if known) _____

Title _____

Publisher (if known) _____

Person making complaint: _____

Telephone _____ Street Address _____ Town _____

Complainant represents: _____ Him/herself

_____Organization _____

_____Other group _____

1. To what portion of the material do you object? (Please be specific, cite pages, scenes, etc.) _____

2. What do you feel might be the negative result of reading/viewing/hearing this material? _____

3. For what age group would you recommend this material? _____

4. Is there anything good about this material? _____

5. Did you read/view/hear all of the material? _____ If not, what parts did you read/view/hear? _____

6. Are you aware of the professional reviews/judgment of this material? _____

7. What do you believe is the theme and/or intention of this material? _____

8. What would you like the school to do about this material?
   _____ Do not assign it to my child.
   _____ Do not assign it to any students.
   _____ Withdraw it from the library and/or instructional program.
   _____ Refer it to the Educational Media Review Committee for evaluation.

9. In its place, what material would you recommend? _____

_____

_____

_____ _____

Signature of Complainant Date

First Reading: November 9, 2015
Second Reading/Adoption: January 12, 2016