

**REQUEST FOR RECONSIDERATION OF  
INSTRUCTIONAL MATERIALS**

Name of Person Requesting Reconsideration: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to District (Student, parent, community member, employee, etc.) \_\_\_\_\_

Building Where Material Used: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Course or Library: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Material Being Asked to Be Reconsidered :Include title, author or editor, publisher, date of publication, if known, pages or passages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What brought this to your attention? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, what harmful effects upon students might result from the use of this material? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you perceive any instructional value in the use of this material? What value? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you review the entire material? If not, what portions did you review? \_\_\_\_\_

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Do you recommend other instructional material to replace this material? If so, what do you recommend?

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Remedy Requested (Removal, Different Instructional Approach, Limited Access, etc.): \_\_\_\_\_

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Do you wish to make an oral presentation to the Reconsideration Committee? Please indicate the approximate length of time your presentation will require. **This is not a guarantee you will be allowed to make the presentation or that you will have the requested amount of time.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form Revised: February 6, 2012

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URBAN DALE COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS

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