

Public Concerns/Complaints about Instructional Resources

(Citizen's Request for Reconsideration of Instructional Material)

School _____

Please check type of material:

- | | | | |
|-------------------------------------|------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Book | <input type="checkbox"/> Film | <input type="checkbox"/> Record | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Periodical | <input type="checkbox"/> Filmstrip | <input type="checkbox"/> Kit | software |
| <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Cassette | <input type="checkbox"/> Other | |

Title _____

Author _____

Publisher or producer _____

Request initiated by _____

Telephone _____ Address _____

Complainant represents: ___ himself/herself

_____(name of organization) _____

_____(identify other group) _____

The following questions are to be answered after the complainant has read, viewed or listened to the material in its entirety. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional attachment.)

1. To what in the book do you object? (Please be specific; cite pages, frames in a filmstrip, film sequence, etc.) _____

2. What do you believe is the theme or purpose of this material? _____

3. What do you feel might be the result of a student using this material? _____

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

5. Is there anything good about this material? _____

6. Did you read the entire book/view the entire film/listen to the entire cassette?

What parts? _____

7. Are you aware of the judgment of this material by literary/film/music critics?

8. What would you like the school to do about this material?

_____ do not assign it to students

_____ withdraw it from use in the district

_____ refer it to an official committee for re-evaluation

9. Would you care to recommend other material of the same subject and format?

Signature of complainant _____

Date _____

Please return completed form to the school principal.

Swink School District #33, Swink, Colorado