

**KENAI PENINSULA BOROUGH SCHOOL DISTRICT**

**REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS**

This form is for use only by district employees, district residents, or parents/guardians of children enrolled in a Kenai Peninsula Borough district school to challenge the content or use of an instructional material.

Date: \_\_\_\_\_

Name of person filing complaint: \_\_\_\_\_

**Anonymous complaints will not be accepted**

Group represented (if any) \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_

**MATERIAL BEING CHALLENGED**

TYPE of material being challenged?	<input type="checkbox"/> TEXT	<input type="checkbox"/> READER	<input type="checkbox"/> LIBRARY BOOK	<input type="checkbox"/> PERIODICAL
<input type="checkbox"/> PAMPHLET	<input type="checkbox"/> FILM	<input type="checkbox"/> RECORDING	<input type="checkbox"/> OTHER	

TITLE \_\_\_\_\_

AUTHOR: \_\_\_\_\_

PUBLISHER: \_\_\_\_\_ DATE OF EDITION \_\_\_\_\_

NAME OF SCHOOL/CLASSROOM MATERIAL WAS USED: \_\_\_\_\_

1. Please specifically state the nature of your concern or objection and identify your objection by page, tape sequence, video frame, or words, as appropriate. You may use additional page if necessary.

2. Did you read/view the entire selection? If not what parts or percentage did you read/view?

\_\_\_\_\_

\_\_\_\_\_

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

4. Is there anything good about this material? \_\_\_\_\_

5. What impact or affect do you feel this material has on students. \_\_\_\_\_  
\_\_\_\_\_

What parts? \_\_\_\_\_  
\_\_\_\_\_

6. What is the evaluation of material by literary or educational critics?  
\_\_\_\_\_  
\_\_\_\_\_

7. What do you believe to be the theme or purpose of this material? What is the instructors goal?  
\_\_\_\_\_  
\_\_\_\_\_

8. What action do you recommend that the School District take regarding this material?

- a. Do not assign my child
- b. Withdraw from school use
- c. Restrict use to higher grades. Specify grade \_\_\_\_\_
- d. Refer for reevaluation by IMC committee

9. What material do you recommend that will serve a similar purpose?

Signature \_\_\_\_\_

Date \_\_\_\_\_

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*For District Use*

*Request received by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Action Taken:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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