

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 _____

Title, Author, Other Description of Material: _____

MATERIAL BEING CHALLENGED

<input type="checkbox"/> 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.
~~Statement of objection (Please be specific: cite page, concepts, vocabulary, etc.).~~

2. Did you read/view the entire selection? If not what parts or percentage did you read/view? ~~What impact or affect do you feel this material has on students?~~

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

4. Is there anything good about this material? _____

5. What impact of affect do you feel this material has on students? ~~Did you read the or see the entire contents?~~ _____

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 instructor's goal?

~~8. What purpose or goal does the teacher have for use of this material?~~ _____

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

- Do not assign my child
- Withdraw from school use
- Restrict use to higher grades. Specify grade _____
- Refer for reevaluation by IMC committee

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

Signature _____

Date _____

For District Use

Request received by: _____ *Date:* _____

Title: _____

Action Taken: _____ *Date:* _____
