

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

Series Number 603.4P Adopted February 1987 Revised June 2001

Title Request for Reconsideration of Instructional Resources

TO BE COMPLETED BY THE PERSON REQUESTING RECONSIDERATION:

Please fill in the information requested and respond to the following questions. If more space is needed, use additional sheets of paper.

Request initiated by _____ Phone (____) _____

Address _____ City _____ Zip _____

Requestor represents: self _____ others (specify) _____

organization or group (specify) _____

Title of questioned resource _____

Author or creator _____

Publisher or producer _____

Copyright _____ Type of resource (book, videotape, etc.) _____

1. In which school, class, grade level and subject area can this instructional resource be found? _____

2. How did you become aware of this resource? _____

3. Did you read, view, listen to or observe all the resource in question? If not, what parts did you read, view, listen to or observe? _____

4. Do you need help obtaining a copy of the resource for you to review? _____

5. To what do you object about this resource? Please be specific. _____

6. Please comment on the resource as a whole. _____

7. What action do you recommend that the district take on this resource?
(Circle appropriate letter.)
a. Present it at a different grade level (specify) _____
b. Withdraw it from all students
c. Other (specify) _____

8. Who have you discussed your concern with in the district (teacher, principal, etc.)? _____

9. Do you wish to make comments at the Reconsideration Review Committee meeting?

X _____
Signature Date

PLEASE RETURN THIS FORM TO YOUR PRINCIPAL.

