

CHALLENGE OF INSTRUCTIONAL MATERIALS FORM

Name of Applicant

Telephone

Email

Address

Representing Self Organization/Group:
(check all that apply)

School:

MATERIAL(S) TO BE EXAMINED

Type: Print Audio-Visual Recording Digital Other
(check all that apply)

Title

Author or Publisher

DESCRIPTION OF CONCERNS

Please respond to the following questions. If sufficient space is not provided, please attach an additional sheet.

1. Have you seen or read this material in its entirety?

2. What specifically do you object to in this material?

3. What other information have you read or heard about this material?

4. Upon discussion with the classroom teacher and/or school-based administrator, what educational goal is this resource intended to support?

5. What material would you recommend to make a suitable replacement for your child to fulfill the educational goal?

6. What action(s) do you suggest that the school take regarding this material?

Signature of Applicant

Date

To be submitted to the Principal of the school.

Updated: September 2017