

## RECONSIDERATION REQUEST FORM

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? Please be specific. \_\_\_\_\_

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6. Please comment on the resource as a whole. \_\_\_\_\_

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7. What action do you recommend that the district take on this resource? (Circle appropriate letter.)

- a. Present it at a different grade level.
- b. Do not assign or recommend it to my child.
- c. Withdraw it from all students.
- d. Other (specify)

8. Who have you discussed your concern within the district (teacher, principal, etc)? \_\_\_\_\_

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS FORM TO YOUR PRINCIPAL

Received by principal: Signature \_\_\_\_\_ School \_\_\_\_\_  
Date \_\_\_\_\_

TO BE COMPLETED BY PRINCIPAL: Please respond to the following questions.

Did you offer an alternative instruction option to this person? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, what was his or her response? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If not, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PRINCIPAL: RETURN THIS COMPLETED FORM TO THE ASSOCIATE SUPERINTENDENT  
FOR INSTRUCTIONAL SUPPORT SERVICES

Received by Associate Superintendent:

Signature \_\_\_\_\_ Date \_\_\_\_\_