



WAKE COUNTY
PUBLIC SCHOOL SYSTEM

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

Author/Artist/Composer _____

Title _____

Publisher/Producer _____

Request initiated by _____

Telephone _____ Address _____

City _____ State _____ Zip Code _____

Complainant represents
____ himself/herself
____ (name organization)
____ (identify other group)

1. What do you believe are the theme and purpose of this item? _____

2. For what age group would you consider this item appropriate? _____

3. What do you feel might be the result of a student's reading, viewing, or listening to this item?

4. To what in the item do you object? (Please be specific: cite pages, frames, etc.) _____

5. Is there anything good about this item? _____

6. Did you read, view, listen to the entire item? _____ If not, what parts? _____

7. Are you aware of the evaluation of this item by authoritative sources? _____

8. What would you like your school to do about this item?
____ Do not assign it to any child.
____ Withdraw it from all students as well as from your child.
____ Refer it to the media coordinator's office for re-evaluation.
____ Make it available only to those who wish to use it.
____ Other (specify) _____

9. In its place, what item of equal educational quality would you recommend that conveys as valuable a concept and perspective of the subject covered by this item? _____

10. What is your relationship to the school? ____ Parent ____ Legal Guardian ____ Other (please specify)

Date

Signature of Complainant