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**Instruction**

**Request for Supplemental Materials Reconsideration Form**

This form is to be filled out and returned to the school principal for the initial reconsideration review.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Class, subject, or activity: \_\_\_\_\_

Teacher(s) involved: \_\_\_\_\_

School: \_\_\_\_\_

1. What are the specifics of your reconsideration and/or objection? (List all specific objections.)

2. Give specific examples related to your objection.

3. When and how did this situation come to your attention?

