

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?



4. How do you perceive this situation impacting students?

5. What are the positive aspects of this situation?

6. Are you aware of any research and/or professional review of this supplemental material? (Please list specific references with your comments.)

7. What specific action are you requesting?

8. Please list any other information that will help in understanding and/or resolving this situation.

Reviewed: March 24, 2014 Adopted: April 14, 2014