

ETIWANDA SCHOOL DISTRICT

REQUEST FOR REVIEW OF QUESTIONED MATERIAL

Date: _____

1. Name/s: _____ Telephone: _____
Address _____

2. Represents: _____ Self _____ Organization: Name _____
_____ Local _____ State _____ National

3. School where material is used: _____

4. State reason for your objection. (Please be specific: cite pages/words) _____

5. Give author, title, publisher, and copyright date: _____

6. Have you read, seen, or heard the entire material? _____ Yes _____ No
If not, what parts have you read, seen, or heard? _____

7. What is your understanding of how the material is being utilized? _____

8. Do you see anything good about this material? _____

9. Are you aware of how this work has been assessed by literary critics? _____

10. What do you think is the effect of this material on your student? _____

11. What evidence do you have that all students using the questioned material would be similarly affected? _____

12. How, in your opinion, is the questioned material being used in the classroom setting? (This information can be obtained by conference with the classroom teacher). _____

13. What action would you like the school district to take regarding this matter?

_____ Not assign it to my child	_____ Withdraw it from all students
_____ Re-evaluate it	_____ Place on restricted bookshelf (requires written
_____ Purchase recommended material	_____ consent from parent for check-out)
_____ Remove from district Core Literature List	_____ Replace with _____
	_____ Other _____

Disposition by principal/district administrator: _____

Signature of citizen: _____

Title: _____ Date: _____

Committee recommendation: _____

Committee members: _____