



**Objection to Instructional Materials
Reconsideration Request Form**

Code 602.29-E

Request for reconsideration of printed or multi-media instructional materials should be submitted to the superintendent (2999 N 10th Street, Marion, IA 52302).

Review Initiated By:

Name _____ Date: _____

Address _____

City/State _____ Zip _____ Phone _____

School(s) in which item is used _____

Relationship to school (parent, student, citizen, etc.) _____

Book or Other Printed Material *(If Applicable)*:

Author _____ Hardcover _____ Paperback _____ Other _____

Title _____

Publisher (if known) _____

Date of Publication _____

Multi-Media Materials *(If Applicable)*:

Title _____

Producer (if known) _____

Type of material (filmstrip, motion picture, etc.) _____

Person Making the Request Represents: *(Circle One)*

Self

Group or Organization

Name of group _____

Address of group _____

1. What brought this item to your attention?

2. To what in the item do you object? (Please be specific; cite pages, or frames, etc.)

3. In your opinion, what harmful effects for students might result from use of this item?

4. Do you perceive any instructional value in the use of this item? If so, explain.

5. Did you review the entire item? If not, what sections did you review?

6. Should the opinion of additional experts be considered? _____ Yes _____ No

If yes, please list specific suggestions: _____

7. To replace this item, do you recommend other material which you consider to be of equal or superior quality for the purpose intended?

8. Do you wish to make an oral presentation to the Reconsideration Committee?

_____ Yes (a) Please contact the superintendent (319-447-3001)

(b) Please be prepared at this time to indicate the approximate length of time your presentation will require, although this is no guarantee that you'll be allowed to present to the committee or that you will get your requested amount of time.

_____ Minutes

_____ No

Dated

Signature