

# North Wasco County School District 21

Informational Only  
OSBA Recommends Deletion

Code: IIA-AR(2)

Revised/Reviewed: 6/08/00; 5/26/04; 6/15/17

Orig. Code(s): IIA-AR

## Request for Reconsideration of Instructional Materials

(Submit to superintendent)

### Book or Other Printed Material If Applicable:

Author \_\_\_\_\_ ☐ Hardcover ☐ Paperback ☐ Other  
Title \_\_\_\_\_ Publisher \_\_\_\_\_ Date published \_\_\_\_\_

### Digital Media If Applicable:

Title \_\_\_\_\_ Producer (if known) \_\_\_\_\_  
Type of media (video, etc.) \_\_\_\_\_  
Request initiated by \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person making the request represents: ☐ Self ☐ Group or organization

Name of Group \_\_\_\_\_

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

\_\_\_\_\_

2. In your opinion what harmful effects upon students might result from use of this item?

\_\_\_\_\_

3. Do you perceive any instructional value in the use of this item? \_\_\_\_\_

4. Did you review the entire item? If not, what sections did you review? \_\_\_\_\_

5. Should the opinion of any additional experts in the field be considered?

☐ Yes ☐ No Please list suggestions if any: \_\_\_\_\_

6. What would you like the school to do about this material?

☐ Do not use it with my student

☐ Withdraw it from use

☐ Send it back to the selector or selectors for evaluation

☐ Other

7. In place of this item would you care to 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 Review Committee?

☐ Yes ☐ No If yes, please call the superintendent's office at \_\_\_\_\_

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

References: