CHALLENGE REQUEST FORM FOR INSTRUCTIONAL MATERIAL (Submit to superintendent)

Book or Other Printed Material if Applicable:

Auth	or Hardcover Paperback Other	
Title	Publisher Date of pub.	
Digit	tal media, if applicable:	
Title	Producer/Source (if known)	
Туре	e of digital media (video, etc.)	
Requ	ress Telephone City Zip	
Addr	ress City Zip	
	on making the request represents If (Print name)	
	If (Print name) oup or organization	
Name	e 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? \Box Yes \Box 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?	🗆 No
	If yes, please call the superintendent's office at [].

Signature

Date

References: