Dell Rapids School District #49-3

Policies and Regulations Code: KLC-E – School/Community Relations



REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

| Name of Complainant | | Address | | Phone # |
|---------------------|---|----------------------------|---------------------------------|---------------------------|
| Pleas | e complete the following is | nformation and respond | to the questions. Attach additi | onal pages, if necessary. |
| Autho | or | | | |
| Title | | | | |
| When | re was this material used? | | | |
| Schoo | ol | Teacher | Class | Grade Level |
| 1. | What in the material do y | ou object? Please be sp | pecific. | |
| 2. | Did you read, view, or listen to the entire material? Yes No If not, what parts didn't you? | | | |
| 3. | What value is there in thi | s material? | | |
| 4. | What do you feel might b | be the result of using thi | s material? | |
| 5. | Are you aware of any judgment of this material by professional critics? | | | |
| 6. | What do you believe is the theme or purpose of this work? | | | |
| 7. | Are you aware of the teacher's purpose in using this material? | | | |
| 8. | What would you prefer the school do about this material? | | | |
| 9. | What work of equal value would you recommend in place of this material? | | | |
| 10. | Additional Comments: | | | |
| | | | | |
| | | | | |
| | Signature of Complain | nant | | Date |