

Littleton Public Schools Exhibit

Policy Code	IIAE-E-2
Policy Name	Reconsideration of Instructional Resources

Citizen's Request for Review and Reconsideration of Instructional Resources

Date	School in Which Instructional Resource is Located	Principal of School
Title of Instructional Resource		
Book _____ Periodical _____ Other (specify) _____		
Author		Publisher or Producer
Request Initiated By	Address	City State Zip
Telephone:	Home	Work
Do You Represent:	Yourself _____ An Organization _____ Name _____	Other Group _____ Name _____
State Your Specific Objections:		
1. To what in the instructional resource do you object? (Please be specific; cite pages or location.)		

Please attach additional information if appropriate.		
2. Describe what prompted your concern: _____		

3. In what unit of study is this instructional resource used? _____		

4. Under what conditions did the student receive this instruction resource? _____		

5. Was the student given an option to use other instructional resources? Yes No
6. Did you read/hear/view the entire instructional resource? Yes No
7. If no, what pages did you review? _____
8. If you have not read/heard/viewed this instructional resource in its entirety, are you willing to do so prior to a request for reconsideration? _____
9. What do you consider to be the theme of this instructional resource? _____

10. For what age group(s) would you recommend this instructional resource? _____
11. Are you aware of the judgment of this instructional resource by professional critics? Yes No
12. If no, would you be interested in receiving this information? _____
13. What is good about this instructional resource? _____
14. Could you recommend a comparable substitute in its place? What would you recommend that would cover the same learning objectives? _____

15. How would you like this instructional resource used?
_____ Use with professional guidance
_____ Do not assign to my child
_____ Withdraw from all students
_____ Place at a higher grade level
16. Do you wish to make an oral presentation to the review committee? Yes No
17. Did you receive a copy of Board Policy IIAE, Reconsideration of Instructional Resources and the review time line/flow chart? Yes No

Please complete all questions.

Date of your meeting with principal _____

This form must be completed within 14 calendar days of your visit with the building principal and returned to that principal. If not returned, the matter is closed.

Citizen's Signature

Date

Principal's Signature

Date

Date Returned to School