

SCHOOL DISTRICT OF NEW LONDON
REQUEST FOR RECONSIDERATION OF EDUCATIONAL MATERIAL

Title: _____

Author: _____ Format of material: _____

Publisher/Producer: _____

School in which material is used: _____

Request initiated by (name): _____ Telephone: _____

Address: _____ City: _____ Zip Code: _____

1. Did you review the entire material: Yes No

2. Did you discuss the use of this material in the instructional program with personnel from your school?
 Yes No

3. To what in the material do you object: (please be specific) _____

4. In your opinion, what negative effects might result from the use of this material with students?

5. Do you perceive any educational benefit for students resulting from the use of this material?

6. Is there any age group of students for which you would recommend this material?

7. During the review process, do you wish to give a short presentation relative to your objection?
 Yes No

Dated: _____

Signature