



REQUEST FOR REVIEW OF EDUCATIONAL MATERIALS

1. Request initiated by: _____ School _____

Name

Address _____ City _____ Phone _____

2. Request submitted to: _____

3. Brief statement explaining the request: _____

4. Type of material:

Textbook CD_ROM DVD Other _____

Audio tape Video tape Transparency Library Book

Give author, title, publisher, and copyright date: _____

5. Have you read (or viewed) the entire material? Yes No

If not, what parts have you read or viewed? _____

6. Specify the portion of the material which you question and reasons for your objections.

7. What do you think is the effect of this material on students? _____

8. In its place, what material would you recommend? _____

9. What is there of educational value in this material? _____

10. To your knowledge, what has been the judgment of qualified professional persons regarding this matter? (State and/or District Adoption Committees, book reviews, etc.) _____

11. What would you like the WCSD to do about this item?

Do not require my child to use it. Do not require any child to use it.

Restrict it to certain grade levels (please specify) _____

Remove from use.

Date submitted _____ Signature _____

NOTE: Please not additional material references or any other pertinent information regarding the request for review and list them on the back of this page.

TEACHER JUSTIFICATION

Teacher _____

Course where used _____

My (our) purpose in utilizing this book is _____

The book is used in this way: _____

This book is used instead of alternative titles because _____

I would suggest these alternatives to using this book: _____

Comments:
