



REQUEST FOR REVIEW OF EDUCATIONAL MATERIALS

1. Request initiated by: _____ School _____
Address _____ City _____ Phone _____

2. Request submitted to: _____

3. Brief statement explaining the request: _____

4. Type of material: Website Digital video/audio Images: print or digital
 Book: print or digital Other: (Specify) _____

5. Have you read, viewed, or listen to the entire material? YES NO

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 the suggested replacement?

10. 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. (Specify) _____
 Remove from use.

Signature _____ Date submitted: _____