

Anchorage School District REQUEST FOR RE-EVALUATION OF INSTRUCTIONAL MATERIALS

Initiated by: _____
Name Home Phone Work Phone

_____ Mailing Address

_____ Email Address

Representing: Self _____ Organization/Group _____

Material Questioned: Title _____ Author _____

Copyright date _____

Audio Visual Material: Film Filmstrip Record Other
(Please circle)

Please respond to the following questions. If sufficient space is not provided, use additional sheet of paper.

1. Have you seen or read this material in its entirety? _____

2. To what do you object in this material? Please cite specific passages, pages, etc. _____

3. What do you believe is the main idea of this material? _____

4. What review(s) of this material you have read? _____

5. Have you talked to anyone to discuss how the material fits into the overall District program? _____

6. What action do you recommend that the school take on this material? _____

7. In its place, what material do you recommend that would provide adequate information on the subject? _____

8. Have you spoken with the unit principal? _____ What was his/her response? _____

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| _____ Signature of Complainant | _____ Date | _____ Signature of Unit Principal | _____ Date |
|-----------------------------------|---------------|--------------------------------------|---------------|