

Anchorage School District
REQUEST FOR RE-EVALUATION OF INSTRUCTIONAL MATERIALS

Initiated by

Name: _____

Mailing address: _____

Home phone: _____ Work phone: _____

Email address: _____

Representing: Self _____ Organization/Group: _____

Material questioned

Title: _____

Author: _____

Copyright date: _____

Material type: Book ____ Video/DVD ____ Audiofile/CD ____ Digital media ____ Other ____

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

Have you seen or read this material in its entirety?

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

What do you believe is the main idea of the material?

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

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

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

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

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

Signature of complainant Date

Signature of unit principal Date