

OBJECTION TO INSTRUCTIONAL AND/OR MEDIA MATERIAL

Please check type of instructional material:

() Book: _____ () Other (identify) _____

Title: _____

Author: _____

Publisher or Producer: _____

Request initiated by Parent or Guardian Name: _____

Student Name(s): _____

Telephone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____

It is expected that the material in question has been read, viewed or listened to in its entirety. Please complete the following questions. If insufficient space is provided, attach additional sheets. (Please sign your name to each additional attachment).

1. What brought this material to your attention? _____
2. Did you examine the entire material? _____ If not, what parts did you examine? _____

3. To what in the material do you object? _____
4. What do you believe is the theme or purpose of this material? _____

5. What do you feel might be the result of a student using this material? _____

6. For what age group would you recommend this material? _____
7. What would you like the school or district to do about this material?
_____ Do not assign it to my child.
_____ Other (please explain): _____

Signature of Objector

Date