



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

871-Exhibit

Request for Reconsideration of Instructional Materials

Name of Person Completing This Form _____
Telephone Number _____
Address _____
City, State, Zip _____

Please list type of instructional material to be reviewed (i.e. book, video, online source) and provide information to identify the instructional material (title, author, website, etc.)

Type of Instructional Material to Be Reviewed _____
Title _____
Author _____
Publisher or Producer _____
Website _____
Other Information _____

1. To what in the material do you object and why? (Please be specific—site pages, etc.)

2. What do you believe is the theme or purpose of this material?

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

4. Do you feel there is anything good in this material? Please comment.

5. Would you care to recommend other instructional material of the same subject to replace the material in question?

Signature of Complainant

Date

Please return completed form to Building Principal

APPROVED: January 22, 2004

REVISED: April 20, 2017

APPROVED: May 11, 2017