



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 _____
(or "Materials Review Committee")
Telephone Number _____
Address _____
City, State, Zip _____

Please check type of instructional material to be reviewed:

_____ Book _____ Film/Video/DVD _____ Periodical
_____ Pamphlet _____ Cassette _____ Other

Title _____
Author _____
Publisher or Producer _____

The following questions are to be answered after the complainant (or "Materials Review Committee") has read, viewed, or listened to the instructional material in its entirety. If sufficient space is not provided, please attach additional sheets. (Please sign your name to each additional attachment.)

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

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

3. Why do you object?

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

5. For what age group would you recommend this material?

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

7. Would you care to recommend other school library material of the same subject and format to replace the material in question?

8. Do you recommend the continuation of using the material in question? Why or why not?

Signature of Complainant (or "Materials Review
Committee" Member)

Date

Please return completed form to Building Principal
(or to District Administrator if form is being completed by "Materials Review Committee")

APPROVED: January 22, 2004