



# RIVER VALLEY SCHOOL DISTRICT

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

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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 \_\_\_\_\_

The complainant is encouraged to **read review** the material in its entirety.

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

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5. ~~Would you care to recommend other~~ What alternative instructional material of the same subject would you suggest to replace the material in question?

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\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Please return completed form to Building Principal

APPROVED: January 22, 2004  
REVISED: April 20, 2017  
APPROVED: May 11, 2017