

NORTH PENN SCHOOL DISTRICT

Request For Reevaluation Of Educational Materials

Title _____

Type of Media (book, text, film, record, periodical, paperback, etc.) _____

Author/Producer/Publisher _____

School _____

Name of Requester _____

Address _____

Telephone(s) _____

Request represents: (Please check)

_____ individual _____ organization (name)

The following questions should be answered after the person requesting reevaluation has read, viewed, or listened to the material in its entirety. If sufficient space is not provided, attach additional sheets. (Please sign name to each additional attachment.)

1. Did you examine this material in its entirety? _____ Yes _____ No
2. To what in the material do you object? (Please be specific - cite pages, frames in a filmstrip, film sequence, et cetera.)

3. Are you aware of the judgment of this material by recognized critics? _____
If yes, by whom? _____
4. Please comment on the positive aspects of material:

5. Would you care to recommend other material of merit pertaining to the same subject that would convey the same idea(s) or purpose(s) as the material to which objection is made?

6. What would you like the school district to do regarding this material?
 _____ Do not assign it to my child.
 _____ Restrict it to students older than my child.
 _____ Withdraw it from all students.
 _____ Other

Signature of Requester

Date

Please return completed form to the school principal.