REQUEST FOR RECONSIDERATION OF TEXT/MEDIA

Name of Item
Type of Text/Media
Publisher or Producer Copyright Date
Name of person seeking reconsideration
Address Street City State Zip
Telephone
Did you read, view or listen to the complete item? Yes No
2. What is objectionable regarding the item and why? (Be specific.)
3. Is there any educational merit to the item? Yes No
4. What do you suggest be done with the item in question?
Date Signature of Complainant

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5. Response of Teacher:			
6. Response of Principal:			
Teacher's Signature:		Date:	
Principal's Signature:		Date:	
7. Response of Local Review Committee:			
Committee Members Date:			
Signature:	Signature:		
Signature:	Signature:	7	
Signature:	Signature:		
Signature:	Signature:		
8. Response of County Review Committee:			
Committee Members Date:			
Signature:	Signature:		