



## Re-evaluation of Materials Request Form

Initiated by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/State/Zip

Telephone: \_\_\_\_\_ Representing: Self  Organization  \_\_\_\_\_  
Organization Name

School where materials are used: \_\_\_\_\_ Grade level used: \_\_\_\_\_

Author of the material in question: \_\_\_\_\_ Copyright date: \_\_\_\_\_

Title: \_\_\_\_\_ Publisher: \_\_\_\_\_

ISBN Number \_\_\_\_\_

AV Materials; Kind of media (film, filmstrip, record, etc.): \_\_\_\_\_

Other materials or presentation; identify: \_\_\_\_\_

### Please respond to the following questions.

*If sufficient space is not available, please use back of this sheet or additional paper.*

1. Have you read, seen, viewed, or listened to this material in its entirety? Yes  No

2. What do you believe is the main idea of this material?

3. To what do you object? Please cite specific passages, pages, sequences, etc. Why do you object?

4. Was the material required? Yes  No  Recommended? Yes  No

By whom: \_\_\_\_\_

5. For what grade level might this be suitable? \_\_\_\_\_

6. What is the desired outcome for this material?

a. Do not assign it to my child  b. Other  \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_