RECONSIDERATION OF INSTRUCTIONAL AND LIBRARY MATERIALS REQUEST FORM

Request for re-evaluation of printed or multimedia material to be submitted to the Superintendent, 1516 Washington Street, Waterloo, IA 50702.

REVIEW INITIATED BY:			
Name:			
Address:			
City/State:			
School(s) in which item is used:			
Relationship to school (parent, stude	ent, citizen, etc)		
BOOK OR OTHER PRINTED MATE	ERIAL (if applicable)	<u>):</u>	
Author	Hardcover	Paperback	Other
Title			
Publisher (if known)			
Date of Publication			
MULTIMEDIA MATERIAL (if applica			
Title			
Producer (if known)			
Type of material (website, online res	source, filmstrip, mo	tion picture, etc.)_	
PERSON MAKING THE REQUEST:	<u>S REPRESENTS:</u> ((check one)	
Self	Group or Orga	anization	
Name of Group			
Address of Group			

1.	What brought this item to your attention:
2.	To what item do you object? (be specific; cite pages, or frames, etc.)
3.	In your opinion, what harmful effects upon students might result from the use of this item?
 4.	Do you perceive any instructional value in the use of this item?
5. —	Did you review the entire item? If not, what sections did you review?
	Should the opinion of any additional experts in the field be considered? yesno ves, please list specific suggestions:
	To replace this item, do you recommend other material which you consider to be of equal or superior quality for the purpose intended?
8.	Do you wish to make an oral presentation to the Review Committee? YesNo

EXHIBIT

b) ir ti	contact the Superintendent, and addicate the approximate length of time your presentation will require (although his is no guarantee that you will be allowed to present to the committee or that you will get your total requested amount of time).
Signature:_	