

**REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS**

**Please complete this form and return it to the principal of your school or forward it to the office of the Superintendent of Lake Washington School District. PO Box 97039. 16250 NE 74<sup>th</sup> Street, Redmond WA 98073**

|                                |   |
|--------------------------------|---|
| <b>REQUEST INITIATED BY:</b>   |   |
| <b>TELEPHONE:</b>              | <b>ADDRESS</b>  |
| <b>COMPLAINANT REPRESENTS:</b> | <input type="checkbox"/> <b>SELF</b> <input type="checkbox"/> <b>ORGANIZATION</b> |

The material to which I object is of the following type:

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Major Course Adoption   | <input type="checkbox"/> Computer Software   | <input type="checkbox"/> Video (DVD, Web, Streamed) Movie |
| <input type="checkbox"/> School-Based Curriculum | <input type="checkbox"/> Website             | <input type="checkbox"/> Script (play)                    |
| <input type="checkbox"/> Textbook                | <input type="checkbox"/> Novel (Fiction)     | <input type="checkbox"/> Music (streamed, CD)             |
| <input type="checkbox"/> e-Book                  | <input type="checkbox"/> Novel (Non-Fiction) | <input type="checkbox"/> Other                            |

I have fulfilled steps 1 and 2 of Administrative Policy IIAA-R, section X (Reconsideration of Materials) by meeting with:

Principal Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director of School Support Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Material/s You'd Like Reconsidered:**

Title: \_\_\_\_\_ Author: \_\_\_\_\_  
 Publisher: \_\_\_\_\_ Edition: \_\_\_\_\_  
 Copyright Date: \_\_\_\_\_

School Your Children Attend: \_\_\_\_\_  
 Course: \_\_\_\_\_  
 Grade Level: \_\_\_\_\_

Did you review the material in its entirety: (Read all of the book or saw the entire film/video and heard the discussions preceding and following the showing)

YES  NO

If not, what part did you review?

What point is the author trying to convey to the reader/viewer/user?

To what in the material/s do you object? Please be specific. Cite page numbers or sections (attach additional sheets if necessary).

What do you feel might be the adverse result of reading, seeing, or using this material?

With what age group would you recommend this material be used?

Are you aware of evaluations of these materials by experts in the field?

What would you like your school to do about this material?

Do not use this with my child.

Yes  No

Withdraw it from use with all students as well as for my child.

Yes  No

Send it back to the selector or selectors for re-evaluation.

Yes  No

In its place, what material would you recommend?

**Signature of Complainant:**

---

**Address:**

---

**Date:**

---