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.