

Frederick County Public Schools
115 East Church Street
Frederick, Maryland 21701

Request for Reconsideration of Instructional Material

Title _____

Author _____ Type of Material _____

Publisher or Producer (if known) _____

Complainant's Name _____

Mailing Address _____

Email Address _____ Telephone _____

Complainant represents: Self Organization _____ Other Group _____
(Please name) (Please name)

Name of school where this material is in use: _____

1. What are your objections to the material? (Please be specific; cite instances.) _____

2. What do you believe might be the result of using this material? _____

3. For what age group would you recommend this material? _____

4. What would you list as the good points of this material? _____

5. Did you read, view, or listen to material in its entirety? _____

What parts? _____

6. What material of equal quality would you recommend in its place? _____

_____ Date

_____ Signature of Complainant

Return completed form to: _____

ReconInstructionalMaterialsForm
(500-38 & 500-39) Rev 6-07