

# Request for Reconsideration of Instructional Resources

New Prague Area Schools

INDEPENDENT SCHOOL DISTRICT 721

Please fill in the information requested and respond to the following questions. If more space is needed, use additional sheets of paper.

Request Initiated By: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Questioned Resource: \_\_\_\_\_

Author/Producer: \_\_\_\_\_

Type of Resource:

Book \_\_\_\_\_

Magazine \_\_\_\_\_

Newspaper \_\_\_\_\_

Movies \_\_\_\_\_

Videotape \_\_\_\_\_

Textbook \_\_\_\_\_

Other \_\_\_\_\_

1. In which school, class, grade level and subject area can this instructional resource be found?

\_\_\_\_\_  
\_\_\_\_\_

2. How did you become aware of this resource?

\_\_\_\_\_  
\_\_\_\_\_

3. Did you review the resource in its entirety? If not, what parts did you review? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your concerns about this material? Please be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What action do you recommend that the district take on this resource? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Concerned Person

\_\_\_\_\_  
Date