

**Public Concerns/Complaints about Instructional Resources
And Teaching Methods, Activities or Presentations**
(Citizen's Request for Reconsideration of Instructional Material and/or methods)

TPCA will accept written requests for reconsideration of instructional materials or method/activity used in the school. Please use this form if initiating a request. There is an established procedure for the review and re-evaluation of a questioned material or instructional practice. Copies of the procedure are available from the building Assistant Principal or Principal with whom you file this form.

Please check type of material:

- | | | | |
|-------------------------------------|------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Book | <input type="checkbox"/> Film | <input type="checkbox"/> Record | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Periodical | <input type="checkbox"/> Filmstrip | <input type="checkbox"/> Kit | software |
| <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Cassette | <input type="checkbox"/> Other | <input type="checkbox"/> Method(s) |

Title/description _____

Author or Instructor _____

Publisher or producer _____

Date of publication or production _____

Name or requester _____ Date _____

Address _____ Phone # _____

Request initiator represents: _____ himself
_____ (name of organization) _____
_____ (identify other group) _____

The following questions are to be answered after the requester has read, viewed or listened to the material or obtained information about instruction.

1. To what in the material/instruction do you object? (Please be specific; cite pages, frames, etc.) _____

2. What do you feel might be the result of reading, viewing, hearing or examining this material, or the manner in which it was presented? _____

3. Did you read, view, hear or examine this material in its entirety? _____
Did you personally observe the instructional practice(s)? _____
If only part, what part(s)? _____
4. Does this material or method have any redeeming instructional value? (Is there anything good about it?) _____ If so, what value? _____
5. What do you believe is the message of this material or method? _____

6. Have you talked to the teacher and discussed your concerns?
_____ Date and Summary of discussion _____

7. For what age group would you recommend this material? _____
8. Are you aware of other material of equal or superior quality that you would recommend for review? _____

10. What would you recommend
_____ Do not use
_____ Use with parental permission
_____ Use with parental notification
_____ Use at other grade level
_____ Other _____
11. By signing this form, the request initiator is waiving the right of confidentiality to this information and is granting approval for copies of this form to be shared as necessary with school employees, curriculum committee members and TPCA BOD. Please realize these meetings are by law open meetings and therefore information on this form may be available to the public.

Signature of request initiator

Date of receipt of this form by the Principal _____

Members of the curriculum committee:

_____	_____
_____	_____
_____	_____
_____	_____

Others in attendance at meetings:

_____	_____
_____	_____
_____	_____

Dates of meetings:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Decision of the school or curriculum committee: _____

Decision accepted by request initiator: _____
Signature of request initiator Date signed

Decision rejected by request initiator: _____
Signature of request initiator Date signed

Within the 10-day waiting period, did the Principal or designee receive any letters from sources within the district which expressed opposition to the decision recommended by the curriculum committee? _____
If so, attach the letter(s) and forward all related materials to the Board who will initiate hearing procedures.

Format recommended for 4" x 6" file card form for use during step B of the reconsideration process:

Side 1

Initial request for reconsideration of instructional materials or methods	
Request received by: _____	
Date received: _____	By: Telephone Visitation Letter
Request came from: _____	
Address: _____	
Phone # _____	
Nature or basis of request: _____	

Staff member(s) involved: _____	
Subject or area involved: _____	

Side 2

<p>With whom did the Principal/designee consult to get the facts? _____</p> <p>When did the Principal/designee report the facts to the request initiator? _____</p> <p>What action did the request initiator take?</p> <p><input type="checkbox"/> Withdrew the request for reconsideration</p> <p><input type="checkbox"/> Initiated formal reconsideration process</p> <p>When did the Principal/designee mail or give the Request for Reconsideration of Instructional Material form to the request initiator? _____ When did the Principal receive the completed and signed form from the request initiator? _____</p>
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