

INSTRUCTIONAL RESOURCES

EF  
(EXHIBIT)

See the following pages for forms regarding reconsideration of instructional resources:

Exhibit A: Request for Reconsideration of Instructional Resources—2 pages

Exhibit B: Checklist for Reconsideration of Instructional Resources—3 pages

Exhibit C: Notice of Use of an Electronic Resource—1 page



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EXHIBIT A

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL RESOURCES

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do you represent:

- Yourself?
- An organization?

If an organization, please identify: \_\_\_\_\_

**Resource on which you are commenting:**

- Book
- Magazine
- Newspaper
- Audio recording
- Textbook
- Video/DVD
- Library program
- Display
- Electronic information/network (*please specify*): \_\_\_\_\_
- Other: \_\_\_\_\_

Title: \_\_\_\_\_

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

1. Have you reviewed the resources in their entirety?

- Yes
- No

*(If not, please do so before completing and submitting this form.)*

2. To what in the resource do you object? *(Please be specific. Cite pages and the like.)*

\_\_\_\_\_

3. What do you believe might be the result of using this resource?

\_\_\_\_\_

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4. For what age group would you recommend this resource?

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5. In its place, what resource of equal quality would you recommend that could be used to teach similar subject matter?

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6. What do you believe should be done with the resource in question?

- Remove it from the curriculum.
- Do not allow my child to use this resource.
- Use it as resource material or a choice selection.

Complainant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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EXHIBIT B

CHECKLIST FOR RECONSIDERATION OF INSTRUCTIONAL RESOURCES

Type of resource: \_\_\_\_\_

Title: \_\_\_\_\_

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

**1. Purpose**

a. What is the overall purpose of the material or resource? \_\_\_\_\_

\_\_\_\_\_

b. Is the purpose accomplished?

Yes

No

**2. Authenticity**

a. Is the author or presenter competent and qualified in the field?

Yes

No

b. What is the reputation and significance of the author or publisher/producer in the field?

\_\_\_\_\_

c. Is the material or resource up-to-date?

Yes

No

d. Are information sources well documented either in the resource or in guides?

Yes

No

e. Are translations and interpretations faithful to the original?

Yes

No

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**3. Appropriateness**

- a. Does the resource promote the educational goals and objectives of the curriculum of District schools?
  - Yes
  - No
- b. Is it appropriate for the level of instruction intended?
  - Yes
  - No
- c. Are the illustrations appropriate for the subjects and age levels?
  - Yes
  - No

**4. Content**

- a. Is the content of this material or resource well presented by providing adequate scope, range, depth, and continuity?
  - Yes
  - No
- b. Does it present information not otherwise available?
  - Yes
  - No
- c. Does it give a dimension or direction that is new or different from others available for the subject?
  - Yes
  - No

**5. Review/Evaluations**

- a. Source of review/evaluation: \_\_\_\_\_
  - Favorably reviewed
  - Unfavorably reviewed
- b. Does this title or resource appear in one or more reputable selection aids?
  - Yes
  - No

*(If yes, please list titles of selection aids.)*

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Additional comments:

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Recommendations by review committee for treatment of questioned resource:

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Signatures of review committee:

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Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_





EXHIBIT C

NOTICE OF USE OF AN ELECTRONIC RESOURCE

Dear Parent,

I am planning to show \_\_\_\_\_ (*name of electronic resource*) to my \_\_\_\_\_ (*subject*) class. This material is rated \_\_\_\_\_. The rating is due to the following factors:

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

The purpose of seeing this material is:

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

- The electronic resource will be shown in its entirety.
- Only the following portions of the electronic resource will be shown: \_\_\_\_\_  
\_\_\_\_\_

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Please return the accompanying permission slip prior to the date the material is scheduled to be shown, \_\_\_\_\_ (*date*).

If you wish to preview this material, please feel free to contact me for further information.

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

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Please return by \_\_\_\_\_ (*date*)

- My child, \_\_\_\_\_, has my approval to view the electronic resource, \_\_\_\_\_ (*name of resource*), in \_\_\_\_\_ (*subject*) class.
- I do not want my child, \_\_\_\_\_, to view the electronic resource, \_\_\_\_\_. Please substitute an alternative instructional activity.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_