



**OFFICE OF THE DEPUTY SUPERINTENDENT
Curriculum, Instruction & Professional Development**

Date Received:
District Use Only

REQUEST FOR RE-EVALUATION OF INSTRUCTIONAL MATERIALS

Name of person requesting re-evaluation _____

Telephone () _____ Address _____

Name of organization you represent (if applicable) _____

Please identify instructional material under question:

Title _____ Author _____

Publisher/Producer _____ Copyright _____

Have you read / viewed / listened to this work in its entirety? _____

If not, please give pages / frames / passages you have read or sections you have viewed / heard _____

Have you read any reviews of this work by media or literary critics? _____

If so, please give name and date of publication and your reaction _____

What is your recommendation for this material? (Please check all that apply)

_____ Restrict usage to level(s) checked:
_____ Elementary _____ Middle School _____ High School

_____ Remove from all student use

_____ Other (explain) _____

Signature _____ Date _____