

PLYMOUTH COMMUNITY SCHOOL CORPORATION

REQUEST FOR REVIEW OF MATERIALS OR COURSE CONTENT

Date _____

Complainant's Name: _____

Address: _____ Telephone: _____

Complainant represents: Self: _____

Organization: _____
(Name)

Other: _____
(Identify)

Type of material (book, film, etc.): _____

Title, author: _____

Publisher, date of publication: _____

A. I have read, viewed, or listened to the complete work. Yes No

or

I have examined the complete course that includes the questioned subject.

Yes No

B. How did the student obtain access to the material? (Assignment, free selection, from a friend, etc.)

C. Is the material part of a set or series? Yes No

If yes, was the entire set or series read, viewed, or listened to?

Yes No

D. Was the teacher's guide (if any) that accompanies the material examined?

Yes No

E. What is objectionable and why? (Be specific: include page number, frame number, nature of complaint, etc.)

F. What was your reaction to the objectionable part of the item?

G. Were there sections in the material that were appropriate? Yes No

If yes, please list them

H. Did you locate reviews of the item? Yes No

If yes, please provide citation

If no, please explain _____

I. Did the review(s) substantiate your opinion? _____

J. Is there any merit to the material? Yes No

If yes, indicate such and provide approximate grade level(s)

K. What do you believe is the theme or purpose of the material?

L. List school personnel with whom you have discussed this material.

Name

Title

M. In its place, what material would you recommend to accomplish the intended purpose?

N. In what school did you find this material? _____

O. What do you suggest be done with the material in question?

Textbook or Course Content

____ Do not assign to my child.

____ Withdraw it from all students as well as my child.

____ Have it re-evaluated.

____ Other _____

Media Center Material

____ Continue its use, but encourage my child to use alternative material.

____ Withdraw it from open shelves.

____ Have it re-evaluated.

____ Other _____

Name

Date

ACTION TAKEN:

Date of Action _____