



CAYUGA ISD

Request for Reconsideration of
Instructional Materials
Board Policy EFA

Format: Book ___ E-book ___ Periodical ___ CD-Rom ___ Video ___ Other _____

Title _____

Author _____ Publisher _____

Request Initiated by _____ Phone _____

Address _____

Complaint represents: _____ Self _____ Organization/Group _____

Name of Organization/Group _____

1. Did you read/hear/view the entire work? _____ yes no
2. If not, which part did you read, hear, or view? _____
3. Specifically, what part of the information did you find objectionable, and why? (Please cite pages, frames, sections, CD-ROMS, etc.)

4. Would you like to recommend this work for another age group? _____ yes _____ no
5. If so, for what age group would you recommend this work? _____
6. How do you perceive students would be affected by exposure to this work?

7. What would you like for the school to do about this work?
 _____ withdraw it from all students
 _____ withdraw it for reconsideration
 _____ do not assign it to my child or allow my child access to this work

Print name _____

Signature _____ Date _____

Please list and attach supporting evidence.

