

**RECONSIDERATION REQUEST FORM
INSTRUCTIONAL OR MEDIA CENTER**

Request filed by: _____

[] Resident of the Fort Dodge District. [] Employee of the District.

Telephone _____ Address _____

City _____ Zip Code _____

Material Description (Fill in all applicable information.)

Author: _____ Title: _____

Publisher/Producer (if known) _____ Date of Publication/Production _____

School(s) in which the questioned materials are used: _____

Type of Material (book, filmstrip, motion picture, etc.) _____

The person filing this request represents: _____ Self Group _____

Name of group: _____ Address of group: _____

The Questions Below Must Be Answered by the Complainant (Use additional paper if needed and attach to the Form).

(1) What part of the material(s) did you review/analyze? _____

(2) What are your specific objections? List specific page(s), frame(s), etc. _____

(3) In your opinion, what harmful effect(s) on your child and/or other students will occur if use of the material(s) continues? _____

(4) Instructional purpose and value was used as the basis for selection of the material(s). What purpose and value(s) do you believe the material(s) have? _____

(5) For what grade level or age group would the material(s) be appropriate? _____

(6) What would you recommend as replacement for the material(s) that is/are of equal or superior quality?

(7) Do you wish to make a presentation to the Reconsideration Committee?

_____ Yes (a) Indicate an approximate length of time you need. _____ No

Signature of Complainant: _____ Date Submitted: _____

Please submit this Form to the Superintendent of Schools,
Arey Administration Building, 104 South 17th Street, Fort Dodge, IA 50501

Date Received by the Superintendent: _____

04/24/08

Reviewed: 4/14/14, 10/14/19