PROCEDURES: Exhibit 603.2B

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   ____________________________

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