

**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:

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

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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?

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

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

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(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?

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

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

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(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,
Central Office Administration Building, 109 North 25th Street, Fort Dodge, IA 50501

Date Received by the Superintendent: _____

04/24/08

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