

**PARENTAL INSPECTION AND
OBJECTION TO INSTRUCTIONAL MATERIALS**

Policy Code:

3210

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL RESOURCES

Name of person making request _____ Telephone: _____

Address _____

Complainant represents: _____ himself/herself
_____ (name organization) _____
_____ (identify other group) _____

Are you a parent or guardian of a student in this school? _____ Grade _____

Name of school owning the item to be reconsidered: _____

Title of item _____

Circle the type of instructional resource:

book film recording magazine video
pamphlet filmstrip kit software
other _____

Author/artist/composer/producer, etc. _____

Publisher/Producer _____ Copyright date _____

How did you acquire this item? _____

Did you read, view, or listen to the entire item? _____

If not, what parts? _____

Is this item part of a series or set? Yes _____ No _____. If yes, did you examine other items in the series or set? _____

What do you believe are the theme and purpose of this item? _____

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To what in the item do you object? (Please be specific: cite pages, frames, etc.) _____

Is there anything good about this item? Yes _____ No _____. If yes, explain: _____

For what age group or grade level would you recommend this item? _____

What do you feel might be the result of a student's reading, viewing, or listening to this item?

Are you aware of any evaluations of this item by authoritative sources? Yes ____ No _____. If yes, did those sources agree with your opinion? Yes _____ No _____. List the sources:

Do you want other persons in the community to determine the kind of materials your child may or may not use in school? _____

Other comments: _____

Signature of Complainant _____ Date _____

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828-837-2722 828-837-5799 (FAX)*