

Materials Review Form

Title:

Author:

School:

Review Request initiated by:

Telephone:

Address:

City:

Zip:

Email:

- 1) Does your child attend this school? Yes No

- 2) Was this material recommended, assigned, or made available through the students' school? If so, where?

- 3) What concerns you about this material? Please provide examples, page numbers, links, or any other information to help in locating or identifying content of concern. Please attach any images or other corroborating evidence.

- 4) What action are you requesting the committee to consider?

Signature:

Date

*******Below is for internal use only*******

LEA Appointed Committee Convener/Facilitator (Determined by__(LEA's Name)
Administration

Suggested Review Timeline:
