Request for Formal Review of Outside Reading Materials

School		Date	
Title			
Author			The state of the s
Course			
Request initiated by: Name			
Address			
City	State	Zip	*************************************
Telephone		- F	
listen to the material in it 1. Have you read, viewe	estions are answered, it is restricted its states entirety. If sufficient spand, or listened to this materiand to be the theme or purp	ace is not provided, attach al in its entirety? Yes	additional sheets.
	al do you object? (Please b		
3. What do you feel migl	ht be the effect on a studen	t using this material?	
l. For what age group wo	ould you recommend this r	naterial?	
			W. 200.
			, - 1 or o

or

5.	5. Do you see anything of value in this material? Please comment.			
6.	6. What is your recommendation concerning this material?			
7.	Do you recommend other material on the same subject that you feel would be more appropriate for this age level?			
Sig	ignature of Complainant Date	10.100		

Please return the completed form to the <u>principal</u> within 15 working days.