Directions:

Please complete this form and return it to the Teaching and Learning Services Department, Snohomish School District No. 201, 1601 Avenue D, Snohomish, Washington 98290. If you wish to make additional comments, please write on separate pages and attach to this form.

Source of Request:

Initiator of Request: ____________________________________________
Address: ______________________________________________________
Telephone Number: _____________________________________________
Request Represents: Self______ Organization (Please specify)________
Other__________________________

Description of Material(s):

Basic Textbook _______ Film/Film Strip _______ Supplementary Textbook _______
Videotape __________
Library Book ___________ Recording __________
Magazine/Periodical/Pamphlet _________ Computer Software _________
Other (Please Specify) _____________________________________________

Specifics Regarding Material:

Title: __________________________________________________________
Author(s): _____________________________________________________
Publisher: ______________________________________________________
Copyright Date: ________________________________________________
School Where Material Is Being Used: _______________________________
Subject/Course of Study: __________________________________________
Grade Level: ___________________________________________________

Explanation of Request:

1. Extent that you have personally examined this material:
________________________________________________________________
________________________________________________________________

2. Explanation of your understanding as to how this material is used:
________________________________________________________________
________________________________________________________________
3. Specific objections regarding material being used (Cite sections/pages):

___________________________________________________________________________
______________________________________________________________________________

4. Adverse effects you feel the reading, viewing or using this material may cause:

___________________________________________________________________________
______________________________________________________________________________

5. Specific professional/literary reviews you have consulted regarding this material:

___________________________________________________________________________
______________________________________________________________________________

6. Criteria used in formulating your opinion:

___________________________________________________________________________
______________________________________________________________________________

7. Your child’s opinion of this material:

___________________________________________________________________________
______________________________________________________________________________

8. Extent to which your opinion reflects that of other adults:

___________________________________________________________________________
______________________________________________________________________________

9. Age level for which you feel this material would be appropriate:

___________________________________________________________________________
______________________________________________________________________________

10. Recommendation to the district:

    _____ Do not use it with my child(ren).
    _____ Do not use it with my child(ren) or any other child(ren).
    _____ Refer it to an evaluation committee.
    _____ Other (Please specify) ________________________________

11. Replacement recommendation to the district:

___________________________________________________________________________
______________________________________________________________________________

12. Other comments:

___________________________________________________________________________
______________________________________________________________________________

_____________________________________________ ________________________
Signature of Complainant Date

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