

CURRICULUM MATERIALS RE-EVALUATION FORM

TO BE RETURNED BY _____ (10 DAYS)

(To be completed by School Staff)

Author _____

Title _____

Publisher (if known) _____

Request initiated by _____

Name

Telephone

Address

Complainant represents himself/herself: or Represents Organization: _____

1. Did you read/view the whole publication or just parts of it? _____

2. Specify what you object to in the material (cite pages) _____

3. For what age group would you recommend this material? _____

4. For what age group would you not recommend this material? _____

5. What do you think might be the effects of reading, viewing, etc. this material? _____

6. What do you think is good about this material? _____

7. Do you know the literary critics' view of this publication? _____

8. What is the theme of the material? _____

9. What action would you like taken concerning this publication/material? _____

10. What publication would you recommend in its place? _____

Signature of Complainant: _____

Date: _____