CHALLENGE OF INSTRUCTIONAL MATERIALS FORM

Type of Material: _____ Book _____ Magazine/Periodical _____ Film _____ Recording
       _____ Software _____ Other (Please specify) __________________

Author (if known) ____________________________________________________________

Title ________________________________

Publisher (if known) ________________________________________________________

Person making complaint: ____________________________________________________
Street ____________________________________
Telephone ________ Address _______________ Town __________

Complainant represents: ___ Him/herself
___ Organization ________________________
___ Other group ________________________

1. To what portion of the material do you object? (Please be specific, cite pages, scenes, etc.) ____________________________________________________________

2. What do you feel might be the negative result of reading/viewing/hearing this material? ____________________________________________________________

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

4. Is there anything good about this material? _______________________________

5. Did you read/view/hear all of the material? ________ If not, what parts did you read/view/hear? _________________________________________________

6. Are you aware of the professional reviews/judgment of this material? ________

7. What do you believe is the theme and/or intention of this material? ________

8. What would you like the school to do about this material?
   ___ Do not assign it to my child.
   ___ Do not assign it to any students.
   ___ Withdraw it from the library and/or instructional program.
   ___ Refer it to the Educational Media Review Committee for evaluation.

AUGUSTA BOARD OF EDUCATION
9. In its place, what material would you recommend? ______________________
   ______________________
   ______________________
   ______________________

Signature of Complainant                                      Date

Adopted: January 8, 2014