

APPENDIX A

INDEPENDENT SCHOOL DISTRICT 279
Osseo Area Schools
11200 93rd Ave. N.
Maple Grove, MN 55369

REQUEST FOR REEVALUATION OF INSTRUCTIONAL MATERIAL

Title _____
Author _____
Publisher or Producer _____ Copyright Date _____
Other identifying information _____
Request initiated by _____
Challenger represents: Self _____
 Organization _____ Name or Organization _____
 Other Group _____ Name of Other Group _____

How were you made aware of the material? _____

Did you review the material in its entirety? _____

What in the material did you find valuable? _____

What do you feel might be the result of student contact with this material? _____

For what age group would you recommend this material? _____

Are you aware of the critics' judgment of this material? _____

What would you like your school to do about this resource? _____

NO CHALLENGE WILL BE CONSIDERED UNLESS THIS FORM IS FILLED OUT IN ITS ENTIRETY.

Signature of Challenger _____

Date _____

FOR OFFICE USE:
____ core/supplementary
____ media collection
____ building level
____ district level