

**INB. RECONSIDERATION OF INSTRUCTIONAL MATERIALS OR ACTIVITIES - FORM**

**Request for Reconsideration of Materials or Activity**

*Fill in information as appropriate.*

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

You Represent (*check one*)

- Yourself Only
- An Organization      Organization Name \_\_\_\_\_
- I have read or viewed the entire set of materials or activity.

1. To what materials or activity do you object?

2. What concerns do you have about this material or activity for children?

3. What would you like your school to do in relation to this material or activity?

- Do not use it with my child
- Do not use with all students, including my child
- Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_