



## Request for Reconsideration of Instructional Material\*

Request initiated by: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Student's school of attendance: \_\_\_\_\_  
Student's grade level: \_\_\_\_\_

Please check the type of material:

Book    Non-Print Material    Other \_\_\_\_\_

Title/ISBN: \_\_\_\_\_  
Subject: \_\_\_\_\_  
Publisher: \_\_\_\_\_

*The following questions are to be answered by the parent of a student currently enrolled in the OCSD. The parent should read, view or listen to the instructional material in its entirety before completing this form. If sufficient space is not provided, please attach additional pages.*

What is objectionable about the material? (Please be specific, cite pages, chapters, etc.)

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\*A written objection must be filed within thirty (30) calendar days of the adoption of the material.

What negative impact, if any, do you feel would result from students using this material?

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What aspects of this material did you consider appropriate for student use?

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Would you care to recommend an alternative to this instructional material that addresses the same content standards in the same format?

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Printed name of Complainant: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit the completed form to:**

Pat McCoy, Assistant Superintendent of Instructional Services

The School District of Okeechobee

700 S.W. Second Avenue

Okeechobee, FL 34974

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