

DISTRICT OFFICE

1400 Division Street South Northfield, MN 55057 рн 507.663.0600 • FAX 507.663.0611 www.nfld.k12.mn.us

Request Form for Re-Evaluation of Instructional Materials

Initiated by		Date	_
Address		Telephone	_
Representing: Self Org	ganization or Group		
Instructional Material in questi	<u>lon</u> :		
Author:			
Title:			_
Publisher:		Copyright Date	_
Type of instructional material:			
Location: Elementary	Middle School	High School	
Please respond to the following questions:			
1. Have you seen, read or listened to this instructional material in its entirety:			
2. To what do you object? Please cite specific passage, pages, etc			
3. What do you believe is the main idea of this instructional material?			
4. What do you feel might result from use of this instructional material?			
5. What reviews of this instructional n	naterial have you read?		

6. For what other age group might this instructional material be suitable?		
7. What action do you recommend that the school take of	on this instructional material?	
	ce of this one that would provide adequate information on	
Signature	Date	
Please return this form to the building principal.		