

DISTRICT OFFICE

201 Orchard Street South Northfield, MN 55057 PH 507.663.0600 • Fax 507.663.0611 nnnn.northfieldschools.org

Request Form for Reevaluation of Instructional Materials

Initiated by	Date
Address	Telephone
Representing: Self Organization or Group	
Instructional Material in question:	
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 e	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 material have you read	d?	
6. For what other age group might this instructional mater	ial be suitable?	
7. What action do you recommend that the school take on	this instructional material?	
8. What instructional material do you recommend in place the subject?	of this one that would provide adequate information on	
Signature	Date	
Please return this form to Director of Instructional Service	s.	