

**Colorado Springs School District 11
Request for Reconsideration of Instructional Resources and Materials**

Please return the completed form to the building principal.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

1. Instructional resources and/or materials which you are requesting reconsideration.

Title _____

Author _____

Publisher/Producer _____

2. For what reasons are you requesting reconsideration of this item? Please give specific references.

3. What action do you suggest to alleviate your concerns regarding this resource or material?

Signature _____

Date _____