

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

Please return the completed form to the Superintendent or designee.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

1. Instructional resources and/or materials for which you are appealing the decision on the request for reconsideration.

Title _____

Author _____

Publisher/Producer _____

2. For what reasons are you appealing this request for 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 _____