

**Colorado Springs School District 11  
Board of Education Appeal of the Use of Instructional Resources  
and Materials**

Please return the completed form to the Superintendent.

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 requesting this appeal? Please give specific references.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_