



# CORE INSTRUCTIONAL RESOURCES

## APPEAL FORM

A SEPARATE APPEAL FORM IS AVAILABLE FOR SUPPLEMENTAL AND MEDIA RESOURCES

(Please Print)

### CONTACT INFORMATION

Today's date:

Appeal Initiated by: Last: First: Middle: Mr. Mrs. Miss Ms.

Street address: Work phone no.: Home phone no.: ( ) ( )

City: State: ZIP Code:

Does the person making this request represent him/herself or a group or organization? Individual Group

If a group or organization, please identify:

### RESOURCE INFORMATION

Type of resource: Book Software Digital Content Title:

Author/Producer: Copyright Date:

Publisher/Distributor: Grade Level Currently Being Used:

(Please Answer The Following Questions) If you need more space, please attach additional sheets.

1. Have you read, viewed or listened to the resource in its entirety? Yes No

2. To what in the resource do you object? Please be specific.

3. What do you identify as the theme of this resource?

4. What good features do you identify?

5. For what age group would you recommend this resource?

6. In the place of this resource, please recommend other resources which you consider to be of equal or superior quality for the educational purpose intended:

7. Do you wish to make an oral presentation to an Appeal Committee? Yes No

8. What request do you make for this resource? Remove resource from school(s) Restrict resource to another school level Other

School Where Appeal is Being Filed: Principal's Name:

Signature of Person Initiating Appeal: Date: