MIS Form #617 Rev. 1/17



## DISTRICT SCHOOL BOARD OF PASCO COUNTY REQUEST FOR REVIEW OF INSTRUCTIONAL MATERIALS

Scho	ol:	Principal:	
Title	:		
Auth	or:		_
Publi	isher (	If known):	
1.	Was	the instructional material assigned or self-selected by student?	
2.	To wh	at in the work do you object? (Please be specific; cite pages or selections.)	
3. [	Did yo	u read/view the entire work? If not, what pages or selections did you read?	
4. \	What :	awards has the material won and/or been nominated?	
5.		provide a brief summary of the judgment of this work by professional literary critics	
6. '		is the outcome you are hoping to achieve by contesting the instructional resource?	
		d to committee for re-evaluation	
		r as a choice within a unit, but not as required reading	
	What	work of similar literary merit and critical acclaim would you recommend in its place that le a picture and perspective relevant to content being studied?	would convey as
		Signature:	
Tele	phone	: Date:	
Addı		Street City State Zip	
E-ma	ail Add	·	_