



Seminole County Public Schools, Florida
Objection to Instructional and/or Media Material

School or District _____

Please check type of instructional material:

Book AV (Video, CD, etc.) _____ Other (Identify) _____

Title _____

Author _____

Publisher or Producer _____

Request initiated by parent or guardian name: _____

Telephone _____ Address _____

City _____ State _____ Zip Code _____

It is expected that the material in question has been read, viewed, or listened to in its entirety. Please complete the following questions. If insufficient space is provided, attach additional sheets.

(Please sign your name to each additional attachment.)

1. What brought this material to your attention?
2. Did you examine the entire material? (_____) If not, what parts did you examine?
3. To what in the material do you object? (Please be specific. Cite pages, film sequence, etc.)
4. What do you believe is the theme or purpose of this material?
5. What do you feel might be the result of a student using this material?
6. For what age group would you recommend this material?
7. In your opinion, is there anything of value in this material?
8. Have you read any critical reviews of this material? If so, what? Please be specific.
9. What would you like the school or district to do about this material? Check your choice.
Do not assign it to my child.
Other (Please explain).

Signature of Objector

Date (MM/DD/YYYY)