

PINELLAS COUNTY SCHOOLS
OBJECTION TO INSTRUCTIONAL AND/OR MEDIA MATERIAL

School or District: _____ Date: _____

Please check type of instructional material:

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

Title: _____

Author: _____

Publisher or Producer: _____

Objector: _____

Student Name(s) (if applicable): _____

Email: _____ 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 (M/D/Y)