

REQUEST FOR REVIEW OF EDUCATIONAL MATERIALS
Union Colony Schools

Title: _____ Author: _____

Producer or Publisher _____ Date of Publication _____

Requested Initiated By: _____

Address _____ Telephone _____

Compliant represents: (Self) _____ Organization (Name) _____

Other Group (Name) _____

1. Did you read, view or hear the entire item? _____

2. To what in the item do you object (Be specific)

3. What do you feel might be the result of reading, viewing or hearing this material?

4. For what age group would you recommend this material? _____

5. Is there anything "good" about this material? _____

6. What do you believe is the theme of this material? _____

7. What would you like your school to do about this material? _____

8. In its place, what item of equal literary or visual quality would you recommend that would convey as valuable a picture and perspective of our civilization? _____

(Signature please)

(Date)

Please use another sheet for more comments
if you feel it is necessary.

Type of Material

Book	_____
Periodical	_____
Filmstrip	_____
Motion Picture	_____
Tape Recording	_____
Disc Recording	_____
T.V. Program	_____
Kit	_____
Other	_____