

MERIDEN PUBLIC SCHOOLS

REQUEST FOR REVIEW OF TEXT OR SUPPLEMENTARY CLASSROOM
MATERIAL OR PROGRAM AREA

(Please feel free to respond fully by utilizing the reverse side of the
form or additional paper.)

Request initiated by _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Do you represent:

_____ Yourself

_____ An organization (name) _____

_____ Other group (name) _____

Material or program to be reviewed _____

To what do you object about this material or program? (Please be specific)

What do you feel might be the result of utilizing this material or participating in this program?

What do you suggest be provided as an alternate to this material or program?

Signature _____ Date _____