

Ozark City Schools
Ozark, Alabama
TEXTBOOK/AUDIOVISUAL/INSTRUCTIONAL MATERIAL REVIEW FORM

Note: No materials in question will be reviewed until the following form is completed fully by the person concerned.

Initiated by: _____

Home Phone: _____

Work Phone: _____

Address: _____

Teacher: _____ Parent: _____ Other: _____

Representing: Self _____ Organization _____
(Identify please)

Material Questioned: Book Author: _____ Title: _____

Copyright Date: _____

AV Material: Type of Media _____
(Filmstrip, record, etc.)

Title: _____

Objectives(s):

1. Have you read or view the entire material in question? Yes _____ No _____
If not, what parts? _____

2. Describe your objections to this material. Please be specific _____

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

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

5. Describe any value you see in this material _____

6. What reviews of this material have you read? _____

7. What do you believe to be the basic theme of this material? _____

8. What would you like school personnel to do about this material? Please check one of the following:

_____ Do not assign it to my child

_____ Withdraw it from all students as well as my child

_____ Send it to the Review Committee for evaluation and recommendation