



## ST. JOHNS COUNTY SCHOOL DISTRICT

### Instructional Resources and Media Services

10 Hildreth Drive

St. Augustine, Florida 32084

Telephone (904) 547-3947 FAX (904) 547-3950

*Kimberly Clark-Dixon*

*Director*

This form must be submitted, with petitioner's signature, to SJCS D Media Services.

### Request for Reconsideration of Instructional Materials

Please check type of material:

( ) Book ( ) Non-Print Material List Type Here ( ) Other \_\_\_\_\_

Title/ISBN: \_\_\_\_\_

Subject: \_\_\_\_\_

Publisher: \_\_\_\_\_

Request initiated by: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's school of attendance & grade level: \_\_\_\_\_

*The following questions are to be answered by the parent of a SJCS D currently enrolled student who has read, viewed, or listened to the instructional material in its entirety. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional attachment.)*

What is objectionable about the material? (Please be specific, cite pages, chapters, etc.)

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*"The Instructional Resources and Media Services Department will develop, implement, and improve district wide instructional technology, resources and media services that enhance teaching, foster learning, and develop essential life skills for all students."*

What negative impact, if any, do you feel would result from students using this material?

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What aspects of this material did you consider appropriate for student use?

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Would you care to recommend an alternative to this instructional material that addresses the same content standards in the same format?

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Printed name of Complainant: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit the completed form to:**

Media Services  
Attn: Kimberly Clark-Dixon  
St. Johns County Schools  
10 Hildreth Drive  
St. Augustine, FL 32084

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