



445 W. Amelia Street • Orlando, Florida 32801 • (407) 317-3200 • www.ocps.net

Request for Reconsideration of Instructional Media

Request initiated by: _____

Telephone: _____

Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

School Affiliation (if applicable): _____

Please share more about the instructional media.

Material Type	Details
Print Material	Title: _____
Digital Material	Author: _____
	Subject: _____
	Source: _____

The following questions must be answered by the parent of a currently enrolled OCPS student or a resident of Orange County, who has read, viewed, or listened to the instructional material in its entirety.

1. I affirm that I have seen, heard, or read the material in its entirety. Yes No
2. What is objectionable about the material? Cite specific passages, pages, or scenes.

3. How was this material brought to your attention?

4. What do you believe may result from the reading, viewing, or listening of this material?

5. What review of this material have you read?

6. What age group might be more suitable of this material?

7. In its place, what material of equal value do you recommend that would provide adequate information on this subject?

Printed Name of Complainant

Signature of Complainant

Date

**Submit completed form to
school principal for
consideration**