

INSPECTION OF AND OBJECTION TO
INSTRUCTIONAL AND SUPPLEMENTAL MATERIALS Regulation Code: 3210R

**REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL AND SUPPLEMENTAL
RESOURCES**

NAME OF PERSON MAKING REQUEST: _____

ADDRESS: _____ TELEPHONE: _____

Complainant represents (mark all that apply):

____ Parent of BCS Student
If so, school(s) where child(ren) attend: _____

____ Teacher currently employed by the BCS Board of Education

____ Current resident of Buncombe County Schools geographic area

____ himself/herself or _____ organization
If organization, what is the name of the organization? _____

Are you a parent or guardian of a student in this school? _____ Child's grade level: _____

Name of school owning the item to be reconsidered: _____

TITLE OF ITEM: _____ Format: _____
(Please complete separate form for each individual title to be reconsidered) (book, video, etc.)

AUTHOR/ARTIST/COMPOSER, ETC.: _____

PUBLISHER/PRODUCER: _____ COPYRIGHT DATE: _____

How did you learn about acquire this item? _____

Did you read, view, or listen to the entire item? _____
If not, what parts are you familiar with? _____

Is this item part of a series or set? Yes _____ No _____
If yes, did you examine other items in the series or set? _____

In which of the following categories does your objection fit?

- ____ Obscene
- ____ Inappropriate to the age, maturity, or grade level of the student
- ____ Not aligned with the Standard Course of Study (excluding library materials)

To what in the item do you object? (Please be specific: cite pages, frames, etc.)

What do you feel might be the result of a student's reading, viewing, or listening to this item?

Are you aware of any evaluations of this item by authoritative sources? Yes___ No___
If yes, did those sources agree with your opinion? Yes___ No___

List the sources:_____

Did you attend an informal resolution to the complaint at the school level?

___ Yes

___ No

If yes, name the position of school staff member to whom the complaint was issued:

Other comments:_____

Signature of Complainant

Date

Once complete, this form should be emailed to the BCS Board of Education at
boardofeducation@bcsemail.org.

~~REQUEST FOR REVIEW OF BUILDING-LEVEL RECOMMENDATION~~

NAME OF PERSON MAKING REQUEST:_____

ADDRESS:_____ TELEPHONE:_____

Complainant represents:_____himself/herself or _____organization

_____If organization, what is the name of the organization?_____

Are you a parent or guardian of a student in this school?_____ Child's grade level:_____

Name of school owning the item to be reconsidered: _____

TITLE OF ITEM: _____ Format: _____
(Please complete separate form for each individual title to be reconsidered) (book, video, etc.)

AUTHOR/ARTIST/COMPOSER, ETC.: _____

PUBLISHER/PRODUCER: _____ COPYRIGHT DATE: _____

Are you aware of the reasons for the building-level decision regarding this resource? Yes ___ No ___

What aspects of the decision are you requesting be reviewed? _____

Do you have additional comments or information about the resource that you did not include on the building-level Request for Reconsideration form? Yes _____ No _____

If yes, please include: _____

Other comments: _____

Signature of Complainant Date

Replaces Administrative Regulation 645R

History of 645R

Adopted: September 5, 2003

Revised: October 5, 2006

Revisions Replacing Administrative Regulation 645R were submitted for information: August 6, 2015