

AP Appendix 2200 Application for Reconsideration of Learning Materials

Title of a Learning Resource: _____

Other Details (e.g., author, publisher, producer, etc.) _____

Applicant's Name: _____

Address: _____

City: _____

Telephone Number: _____

Applicant Represents:

1. ☐ Themselves

2. ☐ Parent of a Student:

Name of organization _____

3. ☐ Other (please describe): _____

Please answer the following questions as fully as possible:

1. To what in the material do you object? Please be specific: identify exact pictures, captions, statements, and indicate page numbers.

2. What do you feel might be the effect on students of reading, viewing, or listening to this material?

3. Did you view, listen to, or read the entire production?

a. Yes ☐ No ☐

b. If "No" what parts, did you view, listen to, or read?

4. What do you believe is the message in the material?

5. Do you think there is anything recommendable about the material?

6. For what age group would you recommend the material?

7. Are you aware of judgements of this material, by other professional critics? Do you know how the material is used in the classroom?

8. What would you like your school to do about the material?

☐

do not assign it to my child

☐

send it back to the Learning Materials Committee for re-evaluation

9. In its place, what material would you recommend to better convey the message this material is attempting to present?

Signature of Applicant

Date: _____