

**Clover Park School District #400**

10903 Gravelly Lake Drive SW  
Lakewood, WA 98499

**Form 2020-F2**

Request for Reconsideration of Materials

1. Identification

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Representing*

Self: \_\_\_\_\_ Organization: \_\_\_\_\_

Other (please identify): \_\_\_\_\_

*Material to be reconsidered:*

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Copyright Date: \_\_\_\_\_ Publisher: \_\_\_\_\_

2. Comment (Use additional pages as necessary)

a) To what in the instructional material do you object? Please be specific; cite pages, scenes, etc.

\_\_\_\_\_  
\_\_\_\_\_

b) Why do you object to this material?

\_\_\_\_\_  
\_\_\_\_\_

c) For what age group would you recommend this material?

\_\_\_\_\_  
\_\_\_\_\_

Return this form to: Teaching and Learning Department, Clover Park School District, 10903 Gravelly Lake Drive SW, Lakewood, WA 98499-1341

**Former Form Number: 4401-F2**

**Date 10.14.85**

**Revised: 12.04.12**