

**CITIZEN'S REQUEST FOR REVIEW OF EDUCATIONAL MATERIALS**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

No. children enrolled in Berlin Cent. School Dist.: \_\_\_\_\_

Grade Levels: \_\_\_\_\_

Do you represent \_\_\_\_ yourself only? \_\_\_\_ a group?

Please name: \_\_\_\_\_

Material objected to: \_\_\_\_ Book \_\_\_\_\_ Other (describe)

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

Publisher: \_\_\_\_\_ Copyright date: \_\_\_\_\_

School where located: \_\_\_\_\_

Please answer the following questions. Use the reverse side, if necessary.

1. To what in the material do you object? (Please be specific: cite pages, portions, etc.): \_\_\_\_\_
2. What do you feel is the harm of using this material? \_\_\_\_\_
3. For what age group would you recommend this material? \_\_\_\_\_
4. Do you believe there is anything good about this material? \_\_\_\_\_
5. Did you read or review the entire item? \_\_\_\_\_  
If not, which parts did you read or review? \_\_\_\_\_
6. What reviews of this material have you read? \_\_\_\_\_
7. What do believe is the main intent or purpose of this material? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_