

THE SCHOOL DISTRICT OF SARASOTA COUNTY
INSTRUCTIONAL MATERIALS & LIBRARY SERVICES
OBJECTION TO INSTRUCTIONAL MATERIALS

This form must be completed in its entirety. Incomplete forms will not be considered. Complainants must be a parent of a SCPS student or a Sarasota County resident. Residents without students do not need to complete school or student information

School #	School Name	Date
Author		Title
<input type="checkbox"/> Textbook <input type="checkbox"/> Workbook <input type="checkbox"/> Online content <input type="checkbox"/> Other		
Publisher (if known)		
Parent/Citizen Initiating Request		Email Address Phone Number
Street Address		City State Zip Code
Student #	Student First Name	Last Name
To what do you object? <i>(Be specific; cite pages or parts) You may attach additional information if necessary</i>		
Why do you object to this material? Attach a clear and concise statement regarding why the materials should be removed or otherwise restricted. Your statement must cite the supporting statute, rule, or case law that supports your request and include page numbers or other evidence. <i>*Florida Statutes 1006.28(2)(a)3.b., 1006.28(2)(d)2.c., and 1006.40(3)(d)</i>		
For what age group would you recommend this material?		
What are the strengths of this material?		
Did you review the material in its entirety? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you met with a school or district administrator or representative regarding this request? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What would you like the District to do about this material?		
In its place, what material(s) of equal quality would you recommend that would convey as valuable a picture and perspective of our civilization?		

Signature of Parent

Date