

## **REQUEST FOR INITIAL REVIEW OR RECONSIDERATION OF AN INSTRUCTIONAL MATERIAL**

### **REQUEST INFORMATION**

**Author Title:**

**Publisher or Producer:**

**Request Initiated By:**

**Telephone & Email Address:**

**Short synopsis of Instructional Material:**

**For what age group would you recommend this item:**

**If this is a REQUEST FOR RECONSIDERATION, the additional form found under Board Policy I-7 must be completed and submitted along with this form. If this is only for INITIAL CONSIDERATION, only this form needs to be submitted. All completed forms should be submitted to the SLCS Physical Education and Health Supervisor.**

**Signature:**

**Date:**