

**MENOMINEE INDIAN SCHOOL DISTRICT**

871 Exhibit (2)

RECONSIDERATION OF MATERIALS RESOURCES

Menominee Indian School District  
Keshena, Wisconsin

Please check type of material:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Book                        | <input type="checkbox"/> Film                 | <input type="checkbox"/> Computer Software |
| <input type="checkbox"/> Periodical                  | <input type="checkbox"/> Filmstrip            | <input type="checkbox"/> Video Tape        |
| <input type="checkbox"/> Pamphlet                    | <input type="checkbox"/> Audio Tape/Record/CD | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Telecommunications Resource |   |  |

Telecommunication/Internet Address: \_\_\_\_\_

Resource Title at address: \_\_\_\_\_

Attach copy of the information on which you are requesting reconsideration. Due to the unique nature of telecommunications, the Review Committee must have the telecommunications/Internet address to enable it to view the resource and proceed with the review process.

School: \_\_\_\_\_

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

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

Publisher or Producer: \_\_\_\_\_

Where is this resource available in the school: \_\_\_\_\_

Request Submitted by: \_\_\_\_\_

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

The following questions are to be answered after the complainant has read, viewed, or listened to the material in its entirety. If sufficient space is not provided, attach additional sheets:

1. To what do you object: (Please give specific examples)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you believe is the theme or purpose of this resource?

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3. What do you feel might be the result of a student using this resource?

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4. For what age group would you recommend this resource?

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5. What are the strengths of this resource?

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6. Are you aware of the judgment of this resource by professional critics? If so, please describe:

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7. What resource, of similar subject and format, would you recommend to be used in its place?

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8. What action do you recommend?

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\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Please return to:** District Administrator  
Menominee Indian School District  
PO Box 1330  
Keshena, WI 54135

APPROVED: August 2008