

**FLAGLER SCHOOLS**  
**Objection to Instructional and/or Media Material**

Please check type of instructional material:

( ) Book      ( ) Digital Text      Other \_\_\_\_\_

Title \_\_\_\_\_

Author \_\_\_\_\_

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

Request initiated by (parent or guardian name): \_\_\_\_\_

Student Name(s): \_\_\_\_\_

School Student Attends: \_\_\_\_\_

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

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

**It is expected that the material in question has been read, viewed, or listened to in its entirety. Please complete the following questions. If insufficient space is provided, attach additional pages.**

1. What brought this material to your attention? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did you examine the entire material? \_\_\_\_\_ If not, what parts did you examine?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. To what material do you object? (Please be specific. Cite pages, videos, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

4. What do you feel might be the result of a student using this material?  
\_\_\_\_\_  
\_\_\_\_\_

5. For what age group would you recommend this material? \_\_\_\_\_

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6. In your opinion, is there anything of value in this material?

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7. Have you read any critical reviews of this material? If so, what? (Please be specific).

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8. What would you like the school or district to do about this material? Select your choice.

Do not assign it to my child.

Other (Please explain).

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\_\_\_\_\_  
Signature of Objector

\_\_\_\_\_  
Date (M/D/Y)

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**Please return to:**

**Flagler Schools**  
**Teaching & Learning Office**  
**Attn: Instructional Materials**  
**1769 East Moody Blvd, Bldg. #2**  
**Bunnell, FL 32110**

***Objections to adopted Instructional Materials must be received no later than May 18, 2017.***