

THE CALHOUN COUNTY SCHOOL DISTRICT  
**OBJECTION TO INSTRUCTIONAL MATERIALS ADOPTION**

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

|   |                    |                     |
|---|--------------------|---------------------|
| 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           |
| <b>To what do you object?</b> (Be specific; cite pages or parts) You may attach additional information if necessary   |                    |                     |
| <b>Why do you object to this material?</b><br>Attach a clear and concise statement regarding why the materials should be removed or otherwise restricted.<br>Your statement must cite the supporting statute, rule, or case law that supports your request and include page numbers or other evidence.<br><i>*Florida Statutes 1006.31(2) and 1006.40(3)(d)</i> |                    |                     |
| <b>For what age group would you recommend this material?</b>  |                    |                     |
| <b>What are the strengths of this material?</b>   |                    |                     |
| <b>Did you review the material in its entirety?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                    |                     |
| <b>Have you met with a school or district administrator or representative regarding this request?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                    |                     |
| <b>What would you like the District to do about this material?</b>  |                    |                     |
| <b>In its place, what material(s) of equal quality would you recommend that would convey as valuable a picture and perspective of our civilization?</b>   |                    |                     |

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Date*

**This form must be received within 30 calendar days of adoption by Calhoun County School Board**  
**Email or US mail to:** Tracie Taylor (tracie.taylor@calhounflschools.org): (850) 674-8734 ext. 232;  
 Director of Curriculum and Instruction  
 Special Program Office  
 20448 NW Pennington Avenue  
 Blountstown, FL 32424