HCPS Objection to the Use of Specific Material Form

The Objection process begins with a conversation with the Principal, Media Specialist or Teacher at the specific school site. This Objection Form may be submitted if the Objecting Party is not content with the school site’s proposed resolution.

Procedures for Concerns Regarding Materials

1. The objecting party begins by sharing their concern with the school’s principal, library media specialist, or teacher.
2. Should the objecting party be dissatisfied with the school site’s proposed resolution and further review is requested, the objecting party will utilize the HCPS Objection to Use of Specific Materials Form, attesting they have read/viewed the material in its entirety, and citing specific concerns.
3. Upon receipt of a completed HCPS Objection of Use to Specific Materials Form, the school site’s Educational Media Materials Committee (EMMC) convenes to:
   - Read material in its entirety
   - Consult professional reviews
   - Review submitted form
   - Weigh merits vs alleged faults
   - Align with HCPS Selection Criteria, including Federal and State legislation
   - Reach a school decision
   - Provide a decision report to the objecting party
4. The decision of a school’s Educational Media Materials committee applies only to their own school.
5. Should the objecting party wish to appeal the decision of the school site’s EMMC, they may request and submit a District Level appeal within 10 school days of receipt of the school site EMMC’s decision report.
6. Should the objecting party wish to appeal the decision of the District Level committee, they may request and submit an appeal to the School Board within 10 school days of receipt of the District Level decision report.

Detailed procedures can be found on our website: https://www.hillsboroughschools.org/Page/8179

Please submit the completed form, any attachments, and any questions to HCPSObjectionForm@hcps.net

If you have any questions or comments, the School District Point of Contact for this objection is:

Arlene Castelli, Administrator on Special Assignment
901 E. Kennedy Blvd
Tampa, FL 33602
HCPSObjectionForm@hcps.net
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Objecting Party (The Objecting party must be a parent or a resident of Hillsborough County.)

Name: __________________________________________ Telephone: __________________________________________

Address: ________________________________________ E-Mail Address: _______________________________________

Are you a parent of a current HCPS student?  Yes    No If yes, Name of School: _____________________________________

Do you represent an Organization?                  Yes    No Name of Organization: ______________________________________

Material Information

Type of Material:     ___ Book ___ Non-print material ___ Other (identify):_________________________________________

Title of Material:______________________________________________________________________________________________

Author(s): ________________________________________  Publisher or Producer: _______________________________________

ISBN, if available: _________________________________ Copyright Date: ____________________________________________

School Site of Material: _____________________________ Grade Level used:___________________________________________

Where is the material found:   ___ Media Center   ___ Classroom Library       ___ Reading List       ___ Other:_____________

Identify the basis of your objection:

____ The material is pornographic.                      ____ The material is not suited to student needs and their ability to comprehend the material.

____ The material is prohibited under Section 847.012,F.S.          ____ The material is inappropriate for the grade level and age group for which it is used.

____ The material depicts of describes sexual conduct as defined by Section 847.001(19),F.S.

This completed form constitutes the complainant’s proffered evidence and documentary basis for reconsideration of the Material. After reading (or viewing if video) the material in its entirety, please answer each question as fully as possible so that your views may be adequately understood by the reviewing committee. Please attach additional pages if necessary.

1. What was the date and outcome of the conversation with the site’s Principal, Media Specialist or Teacher?

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___________________________________________________________________________________________________________
2. What brought the material to your attention (reviews, lists, word of mouth, etc.)?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

3. Did you examine the material in its entirety. Circle one: Yes  No  If not, what sections did you examine?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

4. Identify the portion of the material objected to and why. (You must be specific and provide page numbers, sections, or timestamps, as appropriate. You may attach additional information that does not fit within this form.)
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
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5. Please describe your familiarity with the author:
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

6. Please describe your understanding of any professional reviews of the material:
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

7. Please describe your understanding of the theme or purpose of the material:
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
8. Is there any specific age or grade you would recommend this material?  Yes  No  If Yes, please specify:
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

9. Is there any value in this material?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

10. Please describe any alternative materials you would recommend as a substitute for the material:
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

11. What is your desired outcome for this material?
   _____ Remove or discontinue use of material  _____ Limit access to certain grade levels: _______________
   _____ Limit my child’s access  _____ Other: ________________________________________

I hereby certify that I have reviewed the material in its entirety, that the information provided above is accurate to the best of my ability, and that I am either a parent or legal resident of Hillsborough County, Florida.

Signature of Objecting Party: ________________________________________  Date Submitted: _____________________________

The public records law of Florida provides that any records made or received by any public agency in the course of its official business are available for inspection, unless specifically exempted by the Legislature. Please be aware that this form is subject to the public records law of Florida.