Cleveland Public Schools
Citizen's Request for Reconsideration of Library / Media Materials

Name: _____ Phone No. _____
Address: _____
Complainant represents _____ Him/herself _____ Others

Please check type of material:

❑ Book	❑ Film	❑ Record
❑ Periodical	❑ Filmstrip	❑ Kit
❑ Pamphlet	❑ Cassette	❑ Other

IF PRINTED MATERIAL:
Title: _____
Author: _____
_____
Publisher: _____

IF OTHER MATERIAL:
Title: _____
Producer: _____

IDENTIFY: (Please attach additional pages if needed)

1. To what in the material do you object? (Please be specific, cite pages, frames in a filmstrip, film sequence, etc.)
_____
_____

2. Why do you object to this material?
_____
_____

3. What do you believe is the theme or purpose of this material?
_____
_____

4. If the objection is about a book, have you read the entire book? _____
If about other material, have you either viewed or listened to the entire piece? _____

5. What action do you recommend that the school take on this material?
_____
_____

6. In its place, what material do you recommend that would provide adequate information on the subject?
_____
_____

Signature

Date

Cleveland Public Schools
Notification of Possible Retention / Possible Failure of a Course

TO: _____
[Name of Parent]

FROM: _____
[Name of Administrator or Teacher]

RE: _____
[Name of Student]

DATE: _____

[Check the following items, as appropriate]:

_____ This is to advise you that the above-named student is in danger of being retained in his/her current grade because his/her performance is insufficient.
PLEASE CONTACT ME AS SOON AS POSSIBLE TO DISCUSS THIS ISSUE.

____ This is to advise you that the above-named student is in danger of being retained in his/her current grade because his/her performance on reading sufficiency tests has demonstrated a reading deficiency.
PLEASE CONTACT ME AS SOON AS POSSIBLE TO DISCUSS THIS ISSUE.

____ This is to advise you that the above-named student is in danger of failing the following course: _____.
PLEASE CONTACT ME AS SOON AS POSSIBLE TO DISCUSS THIS ISSUE.

AIM Program Written Plan

Student Information

Name: _____
Grade: _____ School Site: _____
Address: _____
Phone: _____
Email: _____

Academic Plan

Amount of elective credit to be earned: _____

Educational objectives:

_____
_____
_____
_____
_____

Method of assessment:

_____
_____

Participation Dates: _____ to _____
Participation Times: _____ to _____
Which class period(s) will student be off campus? _____

AIM Program Site

Name: _____
Address: _____
Phone: _____
Email: _____
Supervisor: _____

Anticipated experience (duties to be performed, tasks to be observed, etc.)

_____
_____
_____
_____
_____

AIM Program Site agrees to participate in this educational program authorized by the Apprenticeships, Internships, and Mentorships (AIM) Act of 2016. By agreeing to this participation, the AIM Program Site specifically agrees to:

- properly supervise the student while the student is at the site

- engage in reasonably accepted health and safety practices while the student is present

- provide the student with an educational experience consistent with the information contained in the Academic Plan section above

- refrain (at all times) from discrimination on the basis of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age or genetic information

- not displace paid workers with student participants

- contact the school liaison (NAME/CONTACT #) promptly as needed

Parent / Guardian Information

Name: _____
Address: _____
Phone: _____

- I understand that my student's participation in this program is completely voluntary and that my student is entitled to receive academic credit for taking courses on campus instead of participating in the AIM Program. I believe my student will benefit from the program and authorize my student to participate in the program.

- I understand that participation in this program is voluntary and I must assume responsibility for my student's transportation to and from the AIM Program site. I anticipate that transportation will occur in the following manner:

  _____

  _____

Agreement

I have reviewed this Plan and am in agreement with its content.

_____	_____
Student Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Site Representative Signature	Date
_____	_____
School Representative Signature	Date