Taylor County Objectionable Materials Submission Form

The following may be filled out by Parents/Guardians of Taylor County School District students, currently enrolled TCSD students, or community members of Taylor County using criteria outlined in CS/CS/HB 1069 (Ch 23-105)to determine appropriateness.

School Site:				
Media Title:			<u>-</u>	
Author/Publisher:				
Media Location:	School Library	Internet	Teacher's Classroom	Other
Please select one or mor	e of the following re	easons why t	he media should be reviev	ved:
Includes Pornograp	hic Material as defi	ned in s.847	012, F.S.	
Developmentally Ir	nappropriate			
Cognitively Inappro	opriate			
[d]epicts or describe	es sexual coduct as	defined in s.	847.001(19)	
Please provide a brief de	escription of why the	e media shou	ıld be reviewed:	
Your name:				
S	elect One: Parent/G	uardian Co	mmunity Member	
Email Address:				
Phone Number:				

Forms may be submitted electronically to <u>Jill.Rudd@taylor.k12.fl.us</u> or in person at any school site or at the TCSD District Office.

For District Use:			
Received date:	(material removed	from circulation within 5 days)	
Reviewed date:	(within 3	0 days of received)	
Reviewed by:			
1	2	3	
Discussion/Decision:			