



## Alternative Reading Request Form

Date: \_\_\_\_\_ School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Author: \_\_\_\_\_

Rationale for alternative request (please include specific objections to the original text):

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit completed form to the classroom teacher.***

**- OFFICE USE ONLY -**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course of action taken: