

REPORT OF MEETING FORM  
BANNER COUNTY SCHOOL

Check the appropriate box to indicate person(s) filing form:

\_\_\_\_\_ 1. Media Director

\_\_\_\_\_ 3. Principal & Media Director

\_\_\_\_\_ 2. Principal

\_\_\_\_\_ 4. Material Review Committee

Date \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

Title of material reconsidered.

\_\_\_\_\_  
\_\_\_\_\_

Recommendation of the committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Signatures of committee membership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed \_\_\_\_\_ Revised \_\_\_\_\_