

**Request for Reconsideration of Instructional/Library Materials**

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

<p>Please indicate the format of the material (book, DVD, magazine, CD, etc.):</p> <p>_____</p> <p>TITLE _____</p> <p>AUTHOR _____</p> <p>PUBLISHER/PRODUCER _____</p>
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Request initiated by \_\_\_\_\_

Telephone \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Complainant represents  himself  herself  organization, specify \_\_\_\_\_

Please answer the following questions after you have read, viewed, or listened to the school instructional/library material in its entirety.

1. Have you read, viewed, or listened to the material in its entirety?  YES  NO
2. Have you discussed this work with the teacher/librarian who assigned/ordered it?  YES  NO
3. What do you find objectionable in the material? (Please be specific, cite page(s), scenes, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What do you believe is the theme or purpose of this material? \_\_\_\_\_

\_\_\_\_\_

5. What do you feel might be the result of a student's using this material? \_\_\_\_\_

\_\_\_\_\_

6. For what age group would you recommend this material? \_\_\_\_\_

\_\_\_\_\_

7. Is there anything good in this material? Please comment. \_\_\_\_\_

\_\_\_\_\_

8. Would you care to recommend other school library material of the same subject and format as a replacement?

\_\_\_\_\_

9. What action do you desire school personnel to take as a result of this written request for reconsideration?

\_\_\_\_\_

*If sufficient space is not provided, attach additional sheets. Please sign your name to each additional attachment.*

\_\_\_\_\_  
*Complainant's Signature*

\_\_\_\_\_  
*Date*

**PLEASE RETURN COMPLETED FORM TO THE SCHOOL PRINCIPAL.**

Review/Revised:6/28/10