Request for Reconsideration of Instructional/Library Materials

SCHOOL _____ **TEACHER** _____

Please check type of material:

☐ Book ☐ Film ☐ Record ☐ Periodical ☐ Filmstrip ☐ Kit ☐ Pamphlet ☐ Audiocassette ☐ Video

☐ Other _____

TITLE _____

AUTHOR _____

PUBLISHER/PRODUCER _____

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 pages, frames in a filmstrip, film sequence, et cetera.) _____

_____

_____

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:03/31/03