

Request for Reconsideration of Materials

Fill in information as appropriate:

If printed give:

If audio-visual give:

Author _____
Title _____

Title _____
Type of material _____

Material in this box will be provided by school personnel:

Book or pamphlet _____
Publisher _____
Copyright date _____

Producer _____
Distributor _____
Copyright date _____

Your name _____
Telephone _____ Address _____
City _____ State _____ Zip _____

You represent (check one):

- Yourself only
- (name organization) _____
- (identify any other group) _____

1. To what in the material do you object? (Please be specific) _____

2. What do you believe might be the result of using the material? _____

3. Did you review the material in its entirety? _____ (Read all of the book or see the film and hear the discussion preceding and following the showing.) If not, what part did you review? _____

4. Are you acquainted with the judgement of this material by professional critics? _____

5. What would you like your school to do about this material?

- Do not use it with my child
- Withdraw it from use with all students as well as my child
- Send it back to the selector or selectors for re-evaluation

6. In its place, what material of quality would you recommend that would be an appropriate substitute in the curriculum subject area involved? _____

Signature _____

Date _____