



Request for Reconsideration of Learning Resources

Initiated by: _____

Address: _____ Telephone: _____

_____ Postal Code: _____

School Name: _____

Representing: Self Group

RESOURCE QUESTIONED:

Book Title: _____

Author: _____ Publisher: _____

Copyright Date: _____ hardcover softcover

Non-Book Title/Name: _____

Type of Resources: _____
(*magazine, video, website*)

Publisher/Producer: _____

Please respond to the following questions. Please attach additional comments.

- Did you review/read the entire resource? yes no
If not, what sections did you read/review?



6. Are you aware of the judgment of this material by professional critics? What do you understand this to be?

7. What would you prefer the school do about this work?
 - not recommend it or assign it to my child
 - limit its use to a specific age group. (If so, specify).

8. In the place of this material, would you care to recommend other material you consider to be more appropriate?

Name (please print)

Signature

Date

Please return this form to the school principal. A copy will be sent to the Superintendent