



## 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.

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

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



2. To what do you object? Please be specific - cite pages or sections.

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3. What do you believe is the main idea of this material?

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4. What do you feel might be the result of a student using this material?

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5. What do you think is the value of this material?

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

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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?

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Name (please print)

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Signature

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Date

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