

Request for Reconsideration of Learning Resources Form



Name of School: _____

Phone #: _____

School Contact Name: _____

Name of Person Initiating Challenge: _____

Role of Person Initiating Challenge: District Employee Parent/Guardian Other (please specify)

Telephone numbers: Home _____ Work _____ Cell _____

Address: _____

Title of Resource: _____

Author(s): _____

Publisher/Year: _____

Type of Resource (book, film, please specify): _____

Please complete each of the sections below:

1. In many cases, the impact of a resource will vary according to how it is presented and interpreted in the classroom, and we urge you to discuss this material with the appropriate people. Have you discussed this resource with: (circle yes or no)

- the teacher-librarian? Yes No
- the classroom teacher? Yes No
- the school principal? Yes No

2. Have you read reviews of this resource? Yes No

3. Having reviewed the entire resource, my objections are:

a) Page/section(s) _____ Specific Objection _____

b) Page/section(s) _____ Specific Objection _____

c) Page/section(s) _____ Specific Objection _____

4. From your point of view, what do you think is the purpose of the resource?

5. How do you feel this resource will affect your child?

6. Please indicate what action you would like the school to take regarding this learning resource:

Note to questioner: Complete form and forward one copy to Superintendent, one copy to Principal of school concerned. Please keep a copy for your records.

Signed: _____

Dated: _____

Additional information may be attached.