

Request for Reconsideration of Learning Resource(s)



Request initiated by: _____

Address: _____ Phone #: _____

Representing: Self _____ Group/Organization: _____
(Name of group/organization)

Resource Questioned:

Description of Resource: _____

Title: _____ Author: _____

Copyright date: _____ Publisher: _____

Please respond to the following questions. If sufficient space is not provided, feel free to use the other side of this form.

1. Did you review/read the entire resource? _____ If not, what sections did you read/review?
2. To what do you object? Please be specific. Cite pages or sections.
3. What do you believe is the main idea of this material?
4. What do you feel might be the result of a student using this material?
5. What do you think is the value of this material?
6. Are you aware of the judgment of this material by professional critics?
7. What would you prefer the school to do about this work?
_____ Not recommend it or assign it to my child
_____ Limit its use to a specific age group (specify) _____
8. In place of this material, would you care to recommend other material that you consider to be more appropriate?

Signature

Date

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