

Received by _____

Date Received _____

REQUEST FOR REEVALUATING A RESOURCE

Completion of this form is at the request of the Board of Education of Independent School District 761. To complete this form you must be a resident, employee, student, or parent/guardian of a student in District 761.

Please return this signed form to the building Principal.

Initiated by _____

Address _____

Day Telephone _____

Evening Telephone _____

Resource questioned:

Title _____

Author/Creator _____

Publisher/Producer _____ Copyright _____

Type of Resource (book, video tape, etc.) _____

Location: Elementary (specify) _____

Jr. High _____ Sr. High _____ Unavailable _____

Please respond to the following questions. If sufficient space is not provided, please use additional paper.

- 1. Comment on the resource as a whole as well as being specific about those matters which concern you.

- 2. For what age group or grade(s) do you recommend this resource? _____

Date

Signature

REPORT OF REEVALUATION COMMITTEE

Author: _____

Title: _____

Type of Resource: _____

This decision was made on the _____ day of _____ 20____

Minority report attached _____ yes _____ no

Findings: _____

Decision: _____

The following committee members are in agreement:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following committee members are not in agreement:

_____	_____
_____	_____
_____	_____

The following committee members were absent:

_____	_____
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