

LIBRARY RESOURCES: REQUEST TO RECONSIDER

Request Initiated By: _____
Date Submitted: _____
Telephone Number: _____
Email Address: _____
Mailing Address: _____
School Where Process was Initiated: _____

Complainant Represents:
Self _____
Group _____
Organization _____

Title of Resource: _____

Type of Resource:
Book _____
Video _____
Magazine _____
Database _____
Other _____

Did you examine, review or listen to this resource in its entirety? Yes _____ No _____

If not, what parts did you complete?

Describe what prompted your concern about this resource.

LIBRARY RESOURCES: REQUEST TO RECONSIDER, cont.

Are you aware of any research and/or professional review of this resource? Please list specific references with your comments.

To what do you object in this resource. Please be specific in your references (page numbers, illustrations, scenes, content, etc.)

Are there resources you wish to suggest that provide additional information or other points of view on this topic? Please list below.

Are you aware of the Adams 12 Materials Selection Policy? Yes _____ No _____

What would you like the school to do about this resource?

- Use with professional guidance _____
- Remove this resource from the school library _____
- Move this resource to a higher level library _____
- (Levels include K-5, 6-8, K-8, 9-12 _____
- Other _____

For District Use Only

Decision:

- Use with professional guidance _____
- Remove this resource from the school library _____
- Move this resource to a higher level library _____
- (Levels include K-5, 6-8, K-8, 9-12 _____
- Other _____

Signature

Date