Hendry County School District

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL OR LIBRARY RESOURCES

NAME OF PERSON MAKING REQUEST: _____

ADDRESS: _____ TELEPHONE: _____

Complainant represents: ☐ himself/herself ☐ organization

If organization, what is the name of the organization: _____

Are you a parent or guardian of a student in this school? _____ Child's grade level: _____

Name of school owning the item to be reconsidered: _____

TITLE OF ITEM: _____ FORMAT: _____

(Please complete separate form for each individual title to be reconsidered) *(book, video, etc.)*

AUTHOR/ARTIST/COMPOSER, ETC.: _____

PUBLISHER/PRODUCER: _____ COPYRIGHT DATE: _____

How did you acquire this item? _____

Did you read, view, or listen to the entire item? _____

If not, what parts? _____

Is this item part of a series or set? Yes _____ No _____.

If yes, did you examine other items in the series or set? _____

To what in the item do you object? *(Please be specific: cite pages, frames, etc.)*

_____

_____

What do you feel might be the result of a student's reading, viewing, or listening to this item?

_____

Are you aware of any evaluations of this item by authoritative sources? Yes _____ No _____.

If yes, did those sources agree with your opinion? Yes _____ No _____.

List the sources: _____

Do you want other persons in the community to determine the kind of materials your child may or may not use in school? _____

Other comments: _____

_____

_____

_____ _____

SIGNATURE OF COMPLAINANT DATE