

Library Curriculum Challenge Review Form

This form must be used by a parent or resident of the Lakeland Joint School District.

Please complete and submit this form to the school's librarian if you wish to object to a library curriculum (library books and materials),

Parent or School District Resident Information

Check the box that applies to you. Check all that apply.

Parent/guardian of a student Resident in the LSD District Employee

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone Number _____

Information Regarding Material

Title: _____ Author: _____

Grade Level used if applicable: _____

Where is the material located: School Library/Media Center Classroom

Please check the applicable box below to help us identify the resource:

Book Audio Newspaper Movie Digital Resource Magazine

The school where materials is found: _____

Objection Specific Information

1. What brought this material to your attention?

2. Identify the portion of the material objected to and why. Please be specific and provide page numbers and sections.

3. Is there any age or grade you would recommend this material? Yes No

If yes, please specify: _____

4. If this material was used in the classroom were you provided an alternate instructional resource and/or an additional option? Yes No

5. What is your desired outcome for this material?

- Remove or discontinue the use of this material.
- Limit access to specific grade levels: _____
- Limit my child's access.
- Other: _____

Signature: _____ Date: _____