INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan, Minnesota
Educating, developing, and inspiring our students for lifelong success.

Series Number **603.4P** Adopted **February 1987** Revised **September 2025**

Title Request for Reconsideration of Instructional Resources or Library Materials

TO BE COMPLETED BY THE PERSON REQUESTING RECONSIDERATION: Please fill in the information requested and respond to the following questions. If more space is needed, use additional sheets of paper.

Request initiated by _____ Phone (_____) _____

Address _____ City _____ Zip _____

Requestor represents: self _____ others (specify) _____

organization or group (specify) _____

Title of questioned resource _____

Author or creator _____

Publisher or producer _____

Copyright _____ Type of resource (book, periodical, etc.) _____

1. In which school, library or class, grade level and subject area can this resource be found? _____

2. How did you become aware of this resource? _____

3. Did you read, view, listen to or observe all the resource in question? If not, what parts did you read, view, listen to or observe? _____

4. Do you need help obtaining a copy of the resource for you to review? _____

5. To what do you object about this resource? Please be specific.

6. Please comment on the resource as a whole.

7. Please set forth the resolution you seek.

8. Who have you discussed your concern within the district (teacher, principal, media specialist etc.)?

9. Do you wish to make comments at the Reconsideration Review Committee meeting?

X _____ _____
Signature Date

PLEASE RETURN THIS FORM TO YOUR PRINCIPAL.

RECEIVED BY PRINCIPAL

X _____ _____ _____
Signature of Principal Date School

TO BE COMPLETED BY PRINCIPAL: Please respond to the following questions and return this completed form to the director of elementary education or director of secondary education (as appropriate). Include the district technology specialist if the request relates to library materials.

If this request relates to instructional resources, did you offer an alternative instructional option to this person? _____

If yes, what was their response? _____

_____

_____

If no, why not? _____

_____

_____

RECEIVED BY DIRECTOR OF ELEMENTARY EDUCATION OR DIRECTOR OF SECONDARY EDUCATION

X _____ _____
Signature Date