# REQUEST FOR RECONSIDERATION

Date of Request:

School:

## PARENT/GUARDIAN INFORMATION :

First Name : Last Name :

Address :

City: State: Zip:

Phone Number : Email :

## BOOK / MATERIAL INFORMATION

Title:

Author:

Publisher:

How is the work being utilized?

☐ Library ☐ Classroom/Instructional/Required Reading

By Whom:

What is the basis of your objection? (Be specific; cite pages, sections, etc.)

Signature : Date :

## SUPPORTING INFORMATION :

Did you read or view the entire work?

☐ YES ☐ NO

If NO, what parts did you read or review?

Have you read any reviews of the material? If so, please list the source and date of the review.

## BOOK IMPACT

What do you believe is the theme of this work?

What do you find of value in the material?

## ADDITIONAL COMMITTEE INFORMATION

What other materials would you suggest in its place IF this is an instruction/classroom reconsideration?

Is there any age group that should be allowed to access this material?

- [ ] Elementary
- [ ] Middle
- [ ] High
- [ ] Adult ONLY

Explain:

What would you like the school to do about this material? Select ONE

- [ ] Remove material from the school level (ie: Elementary, Middle, High)
- [ ] Remove from Classroom/Instructional/Required Reading
- [ ] Move to the next school level (ie: Elementary to Middle, Middle to High)
- [ ] Other:

**Please return this completed form to the school principal.**

Updated 10/8/25