Request Form For Reconsideration of Resources or Materials

Request Initiated by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ email: _____

☐ Parent/Guardian ☐ Student ☐ Staff ☐ Citizen

Resource questioned

Title: _____

Author: _____ Copyright Date: _____

Publisher: _____

Type of Resource (book, video, audio, etc.): _____

School: _____

Location: ☐ Media Center ☐ Classroom ☐ Course ☐ Other: _____

Please respond to the following questions:

1. What brought this material to your attention?

2. Who have you talked to regarding this resource?

3. Have you seen, read, or listened to this resource in its entirety? ☐ Yes ☐ No

4. Please describe your concerns regarding this resource. Please comment on the resource as a whole as well as citing any specific pages, passages, etc. that you would like to note.

5. What are your concerns about the consequences from the use of this resource? Please specify.

6. If this was required material for a course, did you discuss alternate materials with staff? If so, please indicate and summarize.

7. Have you read reviews or considered other opinions of this resource? If so, please indicate and summarize.

8. Do you feel this resource might be suitable for another age group?

9. What action would you suggest that the school take on this resource?

Signature: _____ Date: _____

Please return this form to the Executive Director of Teaching and Learning.