

**School Library Request for
Reconsideration of Learning Resources Form**



Request Initiated by: _____

Address: _____

Telephone No: _____

Representing: ___Self ___ Group (name of group: _____)

Name of school owning challenged material: _____

Do you have a child in this school? _____ Grade: _____

Resource Information

Title of item: _____

Author/artist etc.: _____

Publisher/producer, if known: _____

Copyright date: _____

Questions for Reconsideration of the Resource

How did you acquire this item?

Did you review the entire item? _____ If not, what sections did you review?

To what in the material do you object? Please be specific.

What do you believe is the main idea or purpose of this material?

What do you feel might be the result of a student using this material?

For what age group (if any) would this material be appropriate? _____

What would you like your school to do about this item?

_____ Not assign it to your child

_____ Not assign it to any child

_____ Make it available only to those who wish to use it

_____ Withdraw it from the school library collection

_____ Other; please specify:

Date: _____

Signature: _____

Email: _____

Please return this form to the school principal. A copy will be sent to the designated program coordinator and a written response will be communicated to you shortly.