
Request for Reconsideration of Materials Form

Initiated by

(name) _____

Phone _____ Address _____

Group affiliation (if any) _____

Material in question _____

Author _____

Title _____ Copyright date _____

Format book periodical CD-ROM other (please specify) _____

Publisher _____

Please answer the following questions. If you need more space, please attach additional pages.

1. Did you read/hear/view the entire work? Yes No
2. If not, which part did you read or view? _____
3. Specifically what part of the information did you find objectionable? (*Please cite pages, frames, sections of CD-ROM, etc.*) _____
4. For what age group(s) would you recommend this material? _____
5. Have you read our district's Material Selection Policy? Yes No
6. What do you believe is the theme or purpose of the work? _____
7. Could you find any value in the work? (*Please describe.*) _____
8. Are you aware of any professional reviews of the work? (*Please list.*) _____
9. How would students be affected by exposure to this work? _____
10. What do you suggest the school/library do about this material? _____
11. What material of equal value would you recommend to convey a similar picture or perspective?

Signature _____ Date _____