**Policy 602.29-E Request for Reconsideration of Instructional and Library Materials Form**

*Requests for reconsideration of printed or multi-media instructional or library materials should be submitted to the superintendent.*

**Review Initiated By:**

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

School(s) in which item is used: _____

Relationship to school (parent, student, citizen, etc.): _____

**Book or Other Printed Material (if applicable):**

Author: _____ Hardcover _____ Paperback _____ Other _____

Title: _____

Publisher (if known): _____

Date of Publication: _____

**Multi-Media Material (if applicable):**

Title: _____

Producer (if known): _____

Type of material (website, online resource, filmstrip, motion picture, etc.): _____

**Person Making the Request Represents:** _____Self _____Group or Organization

Name of Group/Organization: _____

Address: _____

1. What brought this item to your attention?

_____

_____

_____

2. To what in the item do you object? (Be specific; cite pages, frames, etc.)

_____

_____

_____

_____

_____

3. In your opinion, what harmful effects upon students might result from use of this item?

_____

_____

_____

_____

_____

4. Do you perceive any instructional value in the use of this item?

_____

_____

_____

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

_____

_____

_____

6. Should the opinion of any additional experts in the field be considered? _____Yes _____No

If yes, please list specific suggestions: _____

_____

_____

_____

7. To replace this item, do you recommend other material which you consider to be of equal or superior quality for the purpose intended?

_____

_____

_____

8. Do you wish to make an oral presentation to the reconsideration committee?
   _____ Yes
   a. Please contact the superintendent
   b. Please be prepared at this time to indicate the approximate length of time your presentation will require. Although this is no guarantee that you'll be allowed to present to the committee or that you will get your requested amount of time. _____Minutes
   _____No


**Signature:** _____ **Date:** _____