

**Policy 602.29-E
Reconsideration of Instructional and Library Materials Request 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:** _____