



Request for Reconsideration of Learning Resource Materials

Name of person making request _____

Telephone _____

Address _____

Complainant represents (himself / herself)

____ organization (if yes, please name _____)

____ other group (if yes, please identify) _____

Name of school owning challenged material _____

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

Title of item _____

Type of media: book, film, filmstrip, computer, etc., _____

Author/artist/composer/etc. _____

Publisher/producer, if known _____

How did you acquire this item? _____

Have you reviewed the entire item? _____

Is this item part of a series or set? _____

If yes, did you examine other items in the series or set? _____

What do you believe are the theme and purpose of this item? _____

To what in the item do you object? _____

Please be specific, cite pages, frames, etc. _____

Does this item have any redeeming feature or value? _____

If yes, please list them _____

For what age or grade level would you recommend this item? _____

What do you think might be the result of a student's reading, viewing, or listening to this item?
