REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL AND LIBRARY MATERIALS

Scho	ool		
	se check the type of n Book () Periodi		
Title			
Auth	ior		
Pub	lisher or Producer		
Req	uest for Reconsiderati	on Initiated By	
Tele	phone	Address	
City		State	Zip Code
The the r	following questions ar	If sufficient space is not provide	plainant has read, viewed or listened to ed, attach additional sheets. (Please sign
1.	To what in the mater	rial do you object? (Please be a	s specific as possible)
2.	What do you believe	e is the theme or purpose of this	material?
3.	What do you feel mi	ght be the result of a student usi	ng this material?
4.	For what age group	would you recommend this mate	erial?

Are	Are there sections of this material appropriate for student use? Please comment.		
Wou	uld you recommend other material of the same subject and format?		
Wha	at grade level are you recommending this book for?		

Signature of Complainant

Date

Please return completed form to the school principal.

ADOPTED: July 1, 1995

REVISED: July 8, 2019

REVISED: December 11, 2023