

RECONSIDERATION REQUEST FORM

Before filling out this form you must read or view the item being considered in its entirety. Initial here to indicate that you have done so_____

Review initiated by:

Date: _____

Name_____

Address_____

City/State_____ Zip Code_____ Telephone_____

School(s) in which item is used_____

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

Book or other printed material, if applicable:

Author_____ Hardcover_____ Paperback_____ Other_____

Title_____

Publisher (if known)_____

Copyright date_____

Multimedia material, if applicable:

Title: _____

Producer (if known) _____

Person making the request represents: Self_____ Organization_____

Name and address of organization (if applicable)_____

Please indicate here _____ if you wish to make and oral presentation to the Review Committee.

You will be informed of the date, time and location of the meeting and may be present, even if you do not wish to make a presentation.

Signature

Date

Please complete questions on reverse for the item to be reconsidered and submit paperwork to Superintendent's Office.

Please respond as completely as possible; provide additional information, if you wish

1. What brought this item to your attention?

2. To what in the item do you object? (Please be specific, citing pages, scenes, etc.)

3. In your opinion, why is this item not appropriate for use at this age level?

4. Do you perceive any instructional value in the use of this item? Why or why not?

5. From whom, if anyone, should the committee seek additional opinion regarding this item?

6. To replace this item, what do you recommend that could be considered to be of equal or superior quality for the purpose intended?
