Request for Re-evaluation of Learning Resources

PERSONAL INFORMATION:

Name: _____

Address: _____

Do you have a child in this school? _____ Age of Child: _____

Grade of Child: _____ Subject Area _____ (if applicable)

School Child attends: _____

REFERENCE:

1. Type of material objected to (book, magazine, audio, visual, other)? _____
2. What is the name of the selection and author? _____
3. Is this material used by the whole class, as a reference, as a library copy, other? ___

_____

4. How did this come to your attention? _____
5. Have you read/viewed the entire selection? _____

COMPLAINT:

1. What is the specific nature of your objection? (language, content, reference, degree of difficulty, other? _____
2. Cite the page number(s) of the offending passage(s) (if applicable) _____
3. What do you feel might be the result of reading, viewing, or using this work? _____

_____

4. Have you considered this in terms of the total selection? _____
5. Do you feel this material might be appropriate for another age/grade level or when used only under the guidance of the teacher? _____
6. In place of this material, do you recommend other works on the same subject that you consider more appropriate? _____

_____

Please fill out this form and return it to the principal of the school. Please use the back of this form if additional space is required to answer any question.

_____

Signature Date