

## Request for Reconsideration of Instructional/Library Material

It is the expectation of the Reconsideration Committee that the complainant will have read, viewed, or listened to the material being questioned in its entirety before asking the Committee to act on the request for reconsideration. A separate form must be completed for each disputed item.

### Request initiated by:

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Requester represents: (check one)

☐ Self ☐ Organization  
☐ Student(s) ☐ Other

### Type of Material: (check one)

☐ Instructional Material or ☐ School Library Material

### Resource on which you are commenting on: (check one)

☐ Book/eBook ☐ Movie ☐ Database ☐ Audio Recording ☐ Magazine  
☐ Game ☐ Textbook ☐ App ☐ Digital Resource ☐ Streaming Media  
☐ Other, describe: \_\_\_\_\_

Title of Work: \_\_\_\_\_

Author/Publisher/Producer: \_\_\_\_\_

I have read, viewed, or listened to the complete work. ☐ Yes ☐ No

In what class or library did you find this material? \_\_\_\_\_

To what, in the material do you object to and why? (Be specific: include page number(s), video/audio sequence, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you feel may result from the use of this material or media?  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you believe is the theme or purpose of this material?  
 \_\_\_\_\_  
 \_\_\_\_\_

Were there sections in the material that were appropriate? ☐ Yes ☐ No

*Please return completed form along with supplemental materials you have pertaining to the material in question to the district administrator.*

**Updated June 2022**

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Did you locate reviews done by professionals or educators of the item? ☐ Yes ☐ No

If yes, please provide citation: \_\_\_\_\_

If \_\_\_\_\_ no, \_\_\_\_\_ please \_\_\_\_\_ explain:

\_\_\_\_\_

\_\_\_\_\_

What do you find good about the material?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what way(s) does the material fail to comply with the selection objectives and criteria specified in district policy 2521?

\_\_\_\_\_

\_\_\_\_\_

For what age group would you say this material is appropriate for?

\_\_\_\_\_

\_\_\_\_\_

Can you recommend a valid replacement for this material in the same subject area that would convey as valuable a picture and perspective of the subject treated and would meet the educational needs of your child and/or other students? ☐ Yes ☐ No

If yes, please name: \_\_\_\_\_

### Please list the school personnel with whom you have discussed the material

Name	Title/Position

### What should be done with the material in question? (Choose from the options below.)

#### Instructional Material

- ☐ Do not assign to my child.  
☐ Withdraw it from all students.

- ☐ Have it re-evaluated.  
☐ Other: Please specify.

\_\_\_\_\_

#### Library Media Material

- ☐ Continue to use it, but encourage my child to use alternative materials.  
☐ Withdraw it from open shelves.

- ☐ Have it re-evaluated.  
☐ Other: Please specify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

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**Updated June 2022**