

Request for Reconsideration of Library Resources

Your name: _____

Street address: _____

Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Relationship to student and/or school: _____

Do you represent:

Yourself?

An organization or group? Specify: _____

RESOURCE ON WHICH YOU ARE COMMENTING

Title: _____

Author/Producer: _____ Copyright date: _____

Format of resource:

book

video / DVD

magazine

cassette / CD

newspaper

other: _____

1. What brought this resource to your attention?

2. Have you examined (read, viewed, listened to) the *entire* resource?

Yes

No

3. What concerns you about this resource? (Please be specific: cite words, pages, scenes, etc.)
Attach additional sheets if necessary.

4. What do you feel might be the result of a student using this material?

5. Are there other resources you would suggest to provide additional information and/or other viewpoints on this topic?

SIGNATURE

DATE

Please return the completed form to the school Principal.