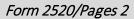


REQUEST FOR RE-EVALUATION OF SCHOOL LIBRARY MATERIALS

Personal Details:				
Request initiated by:		Pho	ne:	
Address:		City:	Zip:	
Complaint represents:	☐ Myself ☐ Group/Orga	nization		
Name of group/organiza	ation			
Dates you discussed cor	ncern with teacher, medi	a technician or princip	al?	
Name of teacher or med	dia specialist?			
Options offered or discu	ussed:			
About the Material in Q	uestion:			
Title:				
Author/Producer:			Copyright Year:	
Publisher:				
Was this material assign	ned or free choice?			
Form of material (X):				
Book	Video/DV	Recording	Other	
necessary)	uestions below. Incompl		·	tional paper if





2.	What is your objection to the material? Please cite speexplain why.	cific passages, pages, etc. that you object to and
3.	How do you feel the reader or viewer of the material v	vould be impacted?
4.	Which reviews of this material have you read? What d commonsensemedia.org and goodreads.com)	o these reviews say? (reviews can be found at
5. [What would you like to see happen to this material? No action. Do not assign or lend it to my child.	
	☐ Withdraw it from all students as well as my child. ☐ Other (Describe)	
6.	Do you have any recommendations for other material adequate perspective of the theme treated by this ma	-
Daron:	nt's signature	Date:
² rincip	nt's signature: ipal's signature:	Date: Date: