

# 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