

La Center School District #101

REQUEST FOR RECONSIDERATION OF MATERIALS

Fill in information as appropriate.

If printed material give:

If audio-visual material give:

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Type of Material: \_\_\_\_\_

\*\*\*\*\*

Material in this box will be completed by school personnel.

Hardcover \_\_\_\_\_ Paperback \_\_\_\_\_

Producer or

Publisher \_\_\_\_\_

-or-

Distributor \_\_\_\_\_

\*\*\*\*\*

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

You represent (check one):

\_\_\_\_\_ Yourself only

\_\_\_\_\_ An organization (Name) \_\_\_\_\_

\_\_\_\_\_ Another group (Please identify) \_\_\_\_\_

1. To what portion of the material do you object? (Please be specific)

\_\_\_\_\_

2. What do you believe might be the result of using this material?

\_\_\_\_\_

3. Did you review the material in its entirety? \_\_\_ (Read the entire book; saw the film and heard the discussions preceding and following the showing?) If not, what part did you review?

\_\_\_\_\_

4. Are you acquainted with the judgment of this material by professional critics?

\_\_\_\_\_

5. What would you like your school to do about this material?

\_\_\_\_\_ Do not use it with my child.

\_\_\_\_\_ Withdraw it from use with all students as well as from my child.

\_\_\_\_\_ Re-evaluation of the material.

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date