



REQUEST FOR RECONSIDERATION OF LEARNING RESOURCE(S)

1. Name of resource being appealed: _____

2. Author/Publisher/Supplier: _____

3. Type of material: _____

4. Individual (i.e. teacher or teacher-librarian) whose decision is being appealed:

5. Request for review initiated by: _____

Address: _____

Telephone: _____ School: _____

6. To what aspect of the resource do you object: (Please be specific: cite pages or sections.)

7. Why do you object to this particular page or section:

8. What action by the school or district related to this resource are you requesting:

- | | |
|---|--------------------------|
| Do not assign or recommend this resource to my child: | <input type="checkbox"/> |
| Withdraw this resource from all students: | <input type="checkbox"/> |
| in the class | <input type="checkbox"/> |
| in the school | <input type="checkbox"/> |
| in the same grade | <input type="checkbox"/> |
| in the district | <input type="checkbox"/> |

Other: _____

Signature of person(s) making request for reconsideration of learning resource(s)