



FORM 460.1 **REQUEST FOR RECONSIDERATION OF** **LEARNING RESOURCE(S)**

1. Title 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:
 - a) Pages: _____ Specific Objection: _____
 - b) Pages: _____ Specific Objection: _____
 - c) _____ Specific Objection: _____
 - d) _____ Specific Objection: _____
7. What do you think is the theme or purpose of the resource?

8. What effect do you believe this resource would have on your son or daughter?

9. What effect do you believe this resource would have on other students?

10. Have you reviewed the entire resource?

11. In many cases, the impact of a resource will vary according to how it is presented and interpreted in the classroom, and we urge you to discuss this material with the appropriate people. Have you discussed the resource with the:

Teacher?

School District Staff?

What was their response?

12. Have you read reviews of this resource?	Yes	No
Source of reviews? (attach photocopies if available)		
If reviews are available, would you like copies?	Yes	No

13. What action by the school or district related to this resource are you requesting?

Do not assign or recommend this resource to my child: ☐

Withdraw this resource from all students:

in the class	☐
in the school	☐
in the same grade	☐
in the district	☐

14. Additional Comments:

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

Date

Date Agreed: October 7, 1998

Date Reviewed/Amended: November 13, 2002

Date Amended: February 22, 2017