REQUEST FOR RECONSIDERATION OF SUPPLEMENTARY MATERIALS AND/OR MEDIA COLLECTION MATERIALS

| Name of person making request: | |
|--|---|
| Telephone: | Email: |
| Name of school owning challenged m | aterial: |
| Do you have a child in this school? | Grade(s) |
| Title of Item: | |
| Type of media: book, movie, recordi | ng, software, website, etc |
| Author/artist/composer, etc | |
| Publisher/producer (if known) | |
| | |
| | |
| reviewed? | tire item? If not, what parts have you |
| | |
| Is this item part of a series or set? series or set? | If yes, did you examine other items in the |
| What do you believe to be the theme | and purpose of this item? |
| | |
| To what in the item to you object? Petc.). | lease be as specific as possible (page numbers, images, |
| | |
| Does this item have any good charact | eristics? Please name them. |
| | |
| For what age group or grade level mi | ght you recommend this |
| item? | <u> </u> |

| Are you aware of any evaluations of this item provide copies or references so that the comments of the comment | |
|--|--------------------------|
| What would you like the school to do about t Not assign it to your child | his item? |
| Not assign it to any child Withdraw it from the collection Other (specify) | n |
| Would you recommend something in lieu of | this item? |
| Why is your recommendation a better choice | 2? |
| Other comments (attach if necessary): | |
| | Signature of Complainant |
| | Date |