REQUEST FOR RECONSIDERATION OF MEDIA CENTER MATERIAL

Appendix A

FILL IN INFORMATION AS APPROPRIATE

If print materials give:
Author: _____

Title: _____
Format(i.e., hardcover, paperback, etc.,)
_____

If non-print materials give:
Title: _____

Type of Material: _____
Format (i.e., hardcover, paperback, etc,)
_____

Request Initiated By _____
Telephone _____ Address _____
City _____ Zip _____
Complainant represents: Self _____ Or/Organization _____
(name)

List present grade level of your children _____

1. To what in the material do you object? (Please be specific: cite pages, passages, visuals, etc.)_____
_____
2. What do you feel might be the result of using this material?_____
_____
3. For what age group would you recommend this material? _____
4. Is there anything good about this material? _____
5. Did you review the entire material? _____ What parts? _____
6. Are you aware of discussions preceding and following reading/viewing? _____
7. Are you aware of the judgment of this material by literary/media critics? _____
8. What do you believe is the theme of this material? _____
_____
9. What would you like your school to do about this material?
   _____ Do not assign it to my child.
   _____ Withdraw it from all students, as well as my child.
   _____ Send it to the Administrative Office for committee re_evaluation.
10. In its place, what material of equal literary/media quality would you recommend? _____
_____
11. On what grounds are you objecting to this material? _____
If so, pleas explain you objections: (Please use the back of this document if you need more space)_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
Signature of Complainant

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