

Vancouver Island West School District 84

REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Initiated by _____

Telephone No. _____ Address _____

Name of School _____

Age or Grade of Student(s) Using the Challenged Material _____

REPRESENTING:

Self _____ Group (Give Name) _____

Organization (Give Name) _____

RESOURCE QUESTIONED:

Book:

Author _____

Title _____

Publisher _____

Copyright Date _____

Hardcover _____ or Paperback _____

Non-book:

Type of Resource _____ (Magazine, Film, Filmstrip, Record, etc.)

Title/Name _____

Publisher or Producer (if known) _____

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Please respond to the following questions. If sufficient space is not provided, feel free to use additional sheets of paper.

1. Did you review the entire item? Yes _____ No _____
If not, what sections did you review?

2. To what do you object? Please be specific:

3. What do you believe is the main idea of this material?

4. What do you feel might be the result of a student using this material?

5. Is there anything good about this material?

6. In your opinion, for what age group would this material be more appropriate?

7. Are there any resources you would recommend to replace this material?

Date: _____

Signed: _____

PLEASE RETURN THIS FORM TO THE SCHOOL PRINCIPAL