



# REQUEST FOR RECONSIDERATION OF MEDIA

**DIRECTIONS:**

Complete this form in its entirety, including signature. Send the original to the principal; send one copy to the feeder pattern lead principal; send one copy to the Region Superintendent; retain one copy.

**REQUEST INITIATED**

**NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**COMPLAINANT**

Individual

**REPRESENTS**

Organization (Name) \_\_\_\_\_

(Check one)

Other (Identify) \_\_\_\_\_

**TITLE OF MATERIAL IN QUESTION:** \_\_\_\_\_

**AUTHOR PUBLISHER:** \_\_\_\_\_

**OR PRODUCER:** \_\_\_\_\_

**CHECK ONE:**

Book

AV (Video, CD, etc.)

Other (Identify): \_\_\_\_\_

**WHAT WOULD YOU LIKE TO DO ABOUT THIS MEDIA? (Check one)**

Leave the challenged materials in the classroom or library media center, but allow students to use alternative materials approved by school personnel who require the use of the disputed item.

Limit the educational use of the challenged material. (Explain)  
\_\_\_\_\_  
\_\_\_\_\_

Remove the challenged material from the total environment.

**1. TO WHAT DO YOU OBJECT? (Please be specific; cite pages or sections)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. WHY DO YOU OBJECT TO THIS MATERIAL?**

\_\_\_\_\_  
\_\_\_\_\_

**3. DID YOU REVIEW ALL THE MATERIAL?** \_\_\_\_\_

**4. ARE YOU AWARE OF PROFESSIONAL REVIEWS ON THIS MATERIAL?** \_\_\_\_\_

**5. WHAT STRENGTHS DO YOU PERCEIVE IN THIS MATERIAL?** \_\_\_\_\_

**6. FOR WHAT AGE GROUP WOULD YOU RECOMMEND THIS MATERIAL?** \_\_\_\_\_

**7. WHAT DO YOU BELIEVE IS THE FUNCTION OF THIS MATERIAL?** \_\_\_\_\_

**8. IN ITS PLACE, WHAT MATERIAL WOULD YOU RECOMMEND THAT WOULD RESULT IN THE SAME OUTCOME?**

**SIGNATURE OF COMPLAINANT** \_\_\_\_\_

**DATE** \_\_\_\_\_