

LITTLESTOWN AREA SCHOOL DISTRICT

REQUEST FOR RECONSIDERATION OF RESOURCE MATERIALS

School \_\_\_\_\_

Type of material (book, video, CD-ROM, magazine, etc.) \_\_\_\_\_

Title \_\_\_\_\_

Author \_\_\_\_\_

Publisher or Producer \_\_\_\_\_

Copyright Date \_\_\_\_\_

Request Initiated by \_\_\_\_\_

Represents: (a) self \_\_\_\_\_ (b) organization \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

---

The following questions are to be answered after the complainant has read, viewed, or listened to the material in its entirety. If sufficient space is not provided, attach additional sheets. (Please sign the name to each additional attachment.)

Do you have a child enrolled in this school district? \_\_\_\_\_

If yes, what building? \_\_\_\_\_

What grade? \_\_\_\_\_

Have you read/viewed/listened to this material in its entirety? **Yes** **No**

If not, which parts have you read, listened to or viewed? \_\_\_\_\_

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

Please indicate how you have learned about the material?

Magazine/Newspaper (Name/Date) \_\_\_\_\_

Professional Review (Name/Date) \_\_\_\_\_

Television (Program/Date) \_\_\_\_\_

Student or other person \_\_\_\_\_

Other \_\_\_\_\_

To what do you object in this material?

\*Please be very specific; quote, cite pages, frame in a film or video sequence, etc:

---

---

What do you believe is the main idea of this material? \_\_\_\_\_

---

---

How do you feel that this material will impact a student? \_\_\_\_\_

---

---

What is worthwhile in this material? \_\_\_\_\_

---

---

For what age group would you consider this material to be more appropriate? \_\_\_\_\_

---

---

In its place, what material do you recommend that would provide adequate information and perspective on this subject? \_\_\_\_\_

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

What would you like your school to do about this material?

\_\_\_\_\_ Do not assign it to my child.

\_\_\_\_\_ The material should remain on the shelf, but I will ask that my child not be permitted to borrow it.

\_\_\_\_\_ Withdraw it from all students.

\_\_\_\_\_ I would like the review committee to reevaluate the material.

Do you wish to make an oral presentation to the review committee?

\_\_\_\_\_ Yes (The building principal will call and schedule.)

\_\_\_\_\_ No

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_