

Form 250.1 Request For Reconsideration Of Learning Resources

Name: _____

Address: _____

Phone: _____

Bibliographic Information:

Author or producer: _____

Title: _____

Nature of Complaint:

1. Have you discussed this with the school principal or the Deputy Director of Learning? Yes ___ No ___
If so, please specify: _____

2. Did you review the entire work? Yes ___ No ___
If not, what sections did you review? _____

To what aspect of the work do you object? _____

3. In what ways does the objection you raised make the work undesirable for student use? _____

4. Can you state any positive features of this material in whole or in part? _____

5. Are you aware of any critiques of this work by recognized critics? Yes ___ No ___
If yes, please identify: _____

6. Do you believe this work might be appropriate for another age or maturity level or when used only under the
guidance of a teacher? Yes ___ No ___
If yes, please specify: _____

7. In place of this resource, would you recommend other works on the same subject? _____

Date: _____ Signature: _____