

Citizen's Request for Reconsideration of Materials
WEST CARROLL SPECIAL SCHOOL DISTRICT

School _____ Date _____

Title of Material _____

Author _____

Publisher _____

Request initiated by (Name) _____

Address _____ Telephone _____

Complainant Represents: (Check one)

Self _____ Organization (Name of Group) _____

If an organization, in what capacity do you represent them? _____

1. To what in the material do you object? (Be specific; cite page and paragraphs, etc.)
2. What do you feel might be the result of reading, viewing, or listening to this material?
3. For what age group would you recommend this material?
4. Is there anything good about this material?
5. Did you read, view, or listen to the material in its entirety? If not, what parts?
6. Are you aware of the judgment of this material by literary and educational reviewers?
7. What do you believe is the theme of this book?
8. What would you like the school to do about this book?

___ Do not assign the material to my child

___ Send it back to the _____ department for re-evaluation

Date

Signature of Complainant