

DCS Request for Reconsideration of a Book

Title: _____

Author: _____ Publisher: _____

Requested by: _____

Phone Number: () _____

Address: _____

Complainant Represents: _____ Self _____ Group

Name of Group _____

1. Did you read the entire book? _____ Yes _____ No

2. Specifically, what part of the information did you find objectionable, and why? (Please site pages, chapters, etc.)

3. Would you like to recommend this work for another age group? _____ Yes _____ No

4. If so, for what age group would you recommend this work? _____

5. How do you perceive students would be affected by exposure to this work?

6. What would you like the school to do about this book?
_____ Withdraw it from all students.
_____ Withdraw it for re-evaluation.
_____ Do not assign it to my child or allow my child access to this book.
_____ Place it on a closed shelf for special use with the librarian's guidance

Signature _____ Date: _____