

Kimberly School District
2314F Materials Review
Request for Reconsideration of Library or Curricular Materials

TITLE or **Description of Learning Material**:

Author _____

Publisher _____

Request initiated by (Name) _____

Address _____

City _____

Do you represent: _____ Yourself _____ Organization/Group

Feel free to use additional pages if necessary.

1. To what do you object in the work noted above? (Please be specific) Cite pages, specific scenes, etc.

2. Did you read or view the entire work? _____ What parts? _____

3. What do you feel might be the result of reading/**viewing** this work?

4. For what age group would you recommend this work? _____

5. Is there anything good about this material considered as a whole?

6. What would you like the library/school to do about this work?

____ Removal from use

____ Available to children other than your own

____ Place on a restricted list

____ Other (explain) _____

7. Comments:

SIGNATURE: _____ DATE: _____