

Request for Reconsideration of Instructional or Library Materials

Type of Material (library book, magazine, film, textbook, etc.): _____

Title: _____

Author: _____

Name of Requestor: _____ Date: _____

Address: _____

Phone: _____ Email: _____

School Student Attends: _____

Requestor is a : Parent Guardian Other: _____

1. Have you discussed the material with the teacher or primarily responsible for its use?

Yes No

2. Date of conference with certificated staff regarding material: _____

Comments:

3. Date of conference with principal regarding material: _____

Comments:

4. What specific passages or aspects of the material do you object to? Please include page numbers, quotes and/or excerpts if possible:

5. Did you read the material in its entirety? Yes No

6. Why do you feel the material is inappropriate?

7. What do you feel might be the result of exposure to this material?

Lynden School District No. 504
BOARD POLICY

No. 2020F

7. What age group would you recommend for this material?

8. What action would you like the district to consider?

_____ Remove from required reading list

_____ Do not assign it to my child

_____ Seek supplementary materials to overcome weaknesses in this material

_____ Withdraw it from all students as well as from my child

9. What material would you recommend in its place that would have the same instructional value and perspective?

10. Any additional comments:

Once completed, this form may be submitted to the Department of Teaching & Learning at the Lynden School District Office located at 516 Main St., Lynden, WA 98264.