

CORVALLIS SCHOOL DISTRICT #1

REQUEST FOR RECONSIDERATION OF LIBRARY/MEDIA MATERIALS

Please check type of material:

- | | | | |
|---------------------------------------|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Library Book | <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Cassette | <input type="checkbox"/> Other |
| <input type="checkbox"/> Textbook | <input type="checkbox"/> Film | <input type="checkbox"/> Record | |
| <input type="checkbox"/> Periodical | <input type="checkbox"/> Filmstrip | <input type="checkbox"/> Kit | |

Title: _____

Author: _____

Publisher: _____

Request Initiated by: _____

Address: _____

City/State _____ Phone: _____

The following questions are to be answered after the objector has read, viewed, or listened to the school media material in its entirety. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional sheet.)

1. To what in the material do you object? (Please be specific; cite pages, frames in a filmstrip, film sequence, etc.)

2. What do you believe is the theme or purpose of this material?

3. What do you feel might be the result of a student using this material?

4. For what age group would you recommend this material?

5. Is there anything good in this material? Please comment.

6. Would you care to recommend other school media material of the same subject and format?

Signature of Objector: _____ Date: _____

Please return completed form to the school principal.