



Code: IIA-AR(5)  
Revised/Reviewed:

## Request for Reconsideration of Instructional or Library Materials Form

(Submit to [Principal])

[Student choice reading is endorsed by the district as a key component of literacy and reading instruction. Student choice in reading materials is honored, with the understanding that parents/guardians have the final decision in what their child is reading. When materials are challenged, the principles of the freedom to read, listen, and view will also be considered for all students.]

Please complete this form in its entirety for consideration. This document will become a public record and is subject to public records requests.

Requests for reconsideration will be processed in accordance with the following:

1. Core instructional materials: IIA-AR(2) - Reconsideration of Core Instructional Materials
2. Supplemental instructional materials: IIA-AR(3) - Reconsideration of Supplemental Instructional Materials
3. School and classroom library materials: IIA-AR(4) - Reconsideration of School or Classroom Library Materials

People who wish to file a request for reconsideration of [supplemental and/or school or classroom library materials] must follow the informal process for concerns related to those instructional materials prior to filing this request for reconsideration.

Request initiated by: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

### Book or other material:

Title: \_\_\_\_\_ Author \_\_\_\_\_

Publisher: \_\_\_\_\_ Publication Date: \_\_\_\_\_

Type of material: ☐ Article ☐ Audio recording ☐ Book ☐ Textbook ☐ Video ☐ Website  
☐ Other: \_\_\_\_\_

Producer/Source (if known): \_\_\_\_\_

Please respond to the following questions.

1. Did you discuss your concerns with the teacher or other involved staff? ☐ Yes ☐ No

If no, you must first discuss your concerns with the teacher or other involved staff before filing a request for reconsideration.

If yes, on what date? \_\_\_\_\_

Please provide a summary of the conversation: \_\_\_\_\_

What is the name of the staff member(s)? \_\_\_\_\_

2. Did you review the entire material? ☐ Yes ☐ No

If not, what sections did you review? \_\_\_\_\_

3. How was the material acquired by the student (i.e., required reading, free choice selection, etc.)?

4. To what in the material do you object and why? (Please be specific and cite pages, frames, etc.)

5. What material do you recommend in its place which would provide information on the subject?

6. What action are you requesting the reconsideration committee consider? \_\_\_\_\_

7. Do you wish to provide oral or written testimony to the reconsideration committee?  
☐ Yes, oral testimony ☐ Yes, written testimony ☐ No

If yes, please call the [principal's] office at [\_\_\_\_\_].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Received by [principal]: \_\_\_\_\_

\_\_\_\_\_  
Date

**References:**

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