

**Request for Reconsideration of Materials
OZARK R-VI SCHOOL DISTRICT**

Author: _____ Format: _____

Title: _____

Publisher (if known): _____

Request initiated by: _____

Phone Number: _____ Address: _____

City: _____ Zip Code: _____

Complainant represents: Himself/Herself Organization Other Group

Name of Organization or Group: _____

1. Did you read or view the entire book or material? Yes No

If not, what parts did you read or view? Please be specific.

2. What are your specific objections to the educational use of this material?

3. What would you like your library/school to do about this material?

Do not assign/lend it to my child: _____

Return it to the Selection Committee/District Curriculum Council for re-evaluation.

Other, please explain: _____

4. In its place, what instructional material would you recommend that would convey a valuable perspective of the subject treated?

Signature: _____ Date: _____