

## Materials Reconsideration Form IFBD E-1

Please complete and return this form to the principal. Your answers to the questions below will assist us in reviewing the material. Additional pages may be attached if needed.

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Request Initiated By: \_\_\_\_\_

Address: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade Level of Child: \_\_\_\_\_ Type of Material: \_\_\_\_\_

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

Author, Editor, or Compiler: \_\_\_\_\_

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

1. Why do you object to the material? Cite specific incidences.
  
  
  
  
  
  
  
  
  
  
2. Did you read, view, or listen to the challenged material in its entirety? If not, why not? Be specific.
  
  
  
  
  
  
  
  
  
  
3. Outside of your objection, what did you find acceptable about the material?
  
  
  
  
  
  
  
  
  
  
4. What would you like the school to do about this material?

**This form must be fully completed in order to be forwarded to the School-Level Media Committee.**