

# Echols County Schools

## Request for Reconsideration of Library Materials

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Title of Item: \_\_\_\_\_

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

Type of Media: (*book, eBook, video, weblink etc...*) \_\_\_\_\_

Publisher/Producer \_\_\_\_\_ Copyright Date \_\_\_\_\_

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Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Organization or Group (if you represent one): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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### EVALUATION (Attach extra pages as needed)

1. Have you read/viewed the entire book/video? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Summary of the book/video in your own words:

3. What is your objection to this material? (Be specific and include page numbers/time stamps):.

4. What do you feel might be the result of reading/viewing this material? Be specific:

5. What do you like or find positive about this material? Be specific.
  
6. Have you read any reviews of this material? If so, please list source and date of review.
  
7. Are you aware of literary critics' judgement of this book or the reputation of the author/producer? Write what you know of these opinions.
  
8. Do you object to the author or producer for creating this work? YES \_\_\_\_\_ NO \_\_\_\_\_
9. What age or group should NOT be allowed access to this book/video? Please explain:
  
10. What age or group should be allowed access to this book/video? Please explain:
  
11. What do you think the school should do with this material?
  
12. Can you recommend another title for the school library to purchase that presents an alternative point of view from the title in question? If yes, please include title, author, publication date:
  
13. If you are filing this request on behalf of an organization or group, please include names, phone numbers and signatures of others involved with this request for reconsideration here: