

BUFFALO TRAIL PUBLIC SCHOOLS

305.2AP Exhibit 1

REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Autho	r:	Medium:
Title:		
Publisher (if known):		Year Published:
Reque	est Initiated by:	
Address:		Telephone #:
Compl	lainant Represent: Self	
Name	of School:	
	e respond to the following questions; if suffic s of paper.	ient space is not provided, feel free to use additional
1.	Did you review the entire resource?	
	If not, what section/parts did you review?	
2.	To what do you object? Please be specific.	
3.	How do you feel this material might negatively influence student learning?	
4.	What is of value in this material?	
6.	Are you aware of judgement of this material	by professional critics? Yes No
	If yes, please identify:	
7.	For what age group would you recommend this material?	
8.	What would you like your school to do about this material?	
	Do not assign it to my child Withdraw material Other (please specify)	it from all students Restrict circulation of this
Signatı	ure of Complainant:	Date:

Please return this form to the school principal. A copy will be sent to the Superintendent.