

**Wellesley Public Schools
Department of Libraries**

Request for Reconsideration of School Library Media Materials

Name of person making request: _____

Address: _____

Phone Number: _____

Email: _____

Complainant represents:

- Self _____
- Organization (please name) _____
- Other group (please identify) _____

Name of school owning challenged material: _____

Do you have a child in this school? Yes or No Grade _____

Title of item _____

Type of media: _____ Book, Video, Magazine, other

Author / artist / composer: _____

Publisher / producer, if known: _____

How did you acquire this item? _____

Did you read, view, or listen to the entire item? Yes or No

If not, what parts? _____

Is this item part of a series or set? Yes or No

If yes, did you examine other items in the series or set? Yes or No

What do you believe are the theme and purpose of this item?

To what in the item do you object? Please be specific, cite pages, frames, etc.

Does this item have any redeeming features or values?

Yes or No

If yes, please list them.

For what age or grade level would you recommend this item? _____

What do you think might be the result of a student's reading, viewing, or listening to this item?

Are you aware of any evaluations of this item by authoritative sources? Yes or No

If yes, did those sources agree with your opinion? Please list sources.

What would you like your school to do about this item?

Other comments:

Signature of Complainant _____

Date _____

Please return to building principal