

**MATERIAL RECONSIDERATION REQUEST**  
**REQUEST FOR REVIEW OF INSTRUCTIONAL MATERIALS**

Request Initiated by \_\_\_\_\_

Phone No. \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Complainant Represents:  Self     Organization or Group (please identify):

\_\_\_\_\_

**Material:**

Title \_\_\_\_\_ Author \_\_\_\_\_

Publisher \_\_\_\_\_ Copyright Year \_\_\_\_\_

Book     Electronic Material (please specify) \_\_\_\_\_     Other \_\_\_\_\_

1. Did you read or view the entire work?

\_\_\_\_\_

2. Have you discussed this work with the librarian or teacher who ordered it or who used it?

\_\_\_\_\_

\_\_\_\_\_

3. Did the general purpose for use of the work as described by the librarian or teacher seem suitable to you?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If not, please explain \_\_\_\_\_

\_\_\_\_\_

4. Would you like the librarian or teacher to give you a written summary of what qualified reviewers have written about the work?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

5. What is your reason for requesting reconsideration of this work?

\_\_\_\_\_

6. How would you like the library/school to respond to this request for reconsideration?

\_\_\_\_\_ Do not assign to my child

\_\_\_\_\_ Return it to a reconsideration committee for reevaluation

\_\_\_\_\_ Other - Please explain:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Please submit completed form to the WCSD Superintendent's Office at 400 Walberta Rd., Syracuse, NY 13219