



**Request for Reconsideration of Library Materials, WCDSB**

**Date:**

**Initiated by:** [Name]

**Address:**

**Telephone Number:**

**E-mail address:**

**Representing (Self, Group or Organization):**

**Resource Questioned:**

[Author, Title, Publisher, Date, ISBN and Type of Resource]

1. **Did you read and review the material in its entirety? If not, what sections did you read?**
2. **Why do you object to this item? What do you specifically object to?**
3. **What do you believe is the main idea of this material?**
4. **What do you feel might be the result of a student using this material?**
5. **In your opinion, for what age group would this material be more appropriate?**
6. **What are the good qualities of this material?**
7. **In place of this material, would you care to recommend other materials which you consider to be more appropriate?**
8. **Additional comments:**

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**Sign and Date** Please return this form to the principal of your child's school, or to the Resource Centre in the case of board-operated libraries.

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the Request for Reconsideration. Questions regarding the collection of this information should be directed to: Privacy and Information Management Officer, 519 578-3660 ext. 2381.