

REQUEST FOR RECONSIDERATION OF MATERIALS

Please complete this form as fully as possible.

Request initiated by:

Name:

School/Address:

Tel. no:

Representing: self: Yes No If an organisation/group please share name:

Material to be reconsidered:

Author:

Title:

Publisher:

Date of publication:

Format of material:

Concern with the material:

To what exactly do you have a concern with about this material? Please be specific and give as much detail as possible, e.g. sections, page numbers:

Have you read/viewed/listened to the whole item? Yes No

If 'no', which parts have you read or viewed?

What do you feel might result from the use of this material?

Is there any educational value in this item? Yes No

Please give more details:

In its place what would you recommend?

What action would you like taken?

Signature: Date:

Please return this form to:

The Librarian, James Young High School, Quentin Rise, Dedridge, Livingston, EH54 6NE