Request for Reevaluation of Library Materials

Requested by: ___________________________________________ Telephone #____________________

Mailing Address ____________________________________________________________________________

City __________________________________________  State ______________  Zip Code _______________

Library Material: □ Book        □ Videotape/DVD     □ Audiotape/CD     □ Periodical     □ Other

Author/Title ____________________________________________________________

Publisher and Date of Publication _____________________________________________

(Use the reverse side of this form for additional comments.)

1. Did you review the entire item? □ Yes □ No      What parts?

2. Why do you disapprove of this material? (please be specific: cite pages, etc.)

3. How do you feel this material might affect others?

4. For what age group would you recommend this material?

5. Is there anything good about this material?

6. Are you aware of the judgment of this material by literary critics?

7. Where have you read reviews?

8. What do you believe is the theme of this material?

9. In its place, what material would you recommend?

Signature ___________________________________________ Date ______________________________