

**Request for Learning Resources
Reconsideration
Comox Valley School District**

Title of the Resource: _____

Context of Usage: (Circle one)

Classroom Use School Library Material Learning Resource Library

Other: _____

Author(s): _____

Publisher / Year: _____

Request for Reconsideration initiated by: _____

Mailing Address: _____

Phone Number: _____

Role of the Questioner: (Circle one)

Parent Teacher Student Community

1. To what in this learning resource(s) do you object in general terms?

2. Please specify your concern regarding this learning resource by identifying:

a) pages _____ Specific Objections _____

b) pages _____ Specific Objections _____

c) pages _____ Specific Objections _____

d) pages _____ Specific Objections _____

3. What do you think is the specific theme or purpose of this learning resource?

