

For office staff:

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

## REQUEST FOR RE-EVALUATING A RESOURCE

*Completion of this form is at the request of the School Board of ISD 761. To complete this form you must be a resident, employee, student, or parent/guardian of a student in District 761.*

***Please return this signed form to the building principal.***

Requester Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Resource questioned:

Title \_\_\_\_\_

Author/Creator \_\_\_\_\_

Publisher/Producer \_\_\_\_\_ Copyright \_\_\_\_\_

Type of Resource \_\_\_\_\_

School: \_\_\_\_\_

Please respond to the following questions.

1. Comment on the resource as a whole as well as being specific about those matters which concern you.

2. What brought this title to your attention?

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3. What action, if any, do you propose or hope will result from this process?

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Date

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Signature

# REPORT OF RE-EVALUATION COMMITTEE

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Type of Resource: \_\_\_\_\_

This decision was made on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Findings:

\_\_\_\_\_

Decision:

\_\_\_\_\_

The following committee members are in agreement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following committee members are not in agreement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following committee members were absent:

\_\_\_\_\_

\_\_\_\_\_