



Reconsideration of Materials Form

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Resource on which you are commenting:

- ___ Book
- ___ Magazine
- ___ Newspaper
- ___ Audio-visual item
- ___ Content of Library Program
- ___ Other (please specify: _____)

Title _____

Author, Publisher or Producer, Date _____

1. What brought this resource to your attention?
2. To what do you object? Please be as specific as possible.
3. Have you read, listened, or viewed the entire work? If not, which parts have you not reviewed?
4. What do you feel the effect of the material might be?
5. For what age group would you recommend this material?
6. In its place, what material of equal or better quality would you recommend?
7. What do you want the library to do with this material?
8. Additional comments: