



TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD

**PARENT/GUARDIAN REQUEST FOR RECONSIDERATION OF
LEARNING MATERIALS**

AUTHOR: _____

TITLE: _____

PUBLISHER: _____

REQUEST INITIATED BY: _____

ADDRESS: _____

SCHOOL AND GRADE: _____

1.0 Have you read, heard, seen the material in its entirety? _____

2.0 What do you believe is the theme of this material?

3.0 Nature of Objection: (Be specific: cite pages, sections, scenes, topics, ideas)

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4.0 What good qualities does the material possess?

5.0 For what age group would you recommend this learning material?

6.0 What do you suggest as a resolution to this matter?

Date

Signature of Complainant