![Orange County Public Schools logo]

Request for Reconsideration of Media Center Materials or Other Reading Materials[1]

DIRECTIONS: In accordance with Board Policy IJL, a parent/legal guardian of a student currently enrolled in OCPS or resident of Orange County, Florida[2] who wishes to discuss the use of a particular media center or classroom library material shall do so, in writing, by requesting and participating in an informal conference with the Principal/Director or Assistant Principal/Assistant Director. This *Request for Reconsideration of Media Center Materials or Other Reading Materials* form shall be used if the concern is not resolved at the conference and must be filed within ten (10) working days of the conference. Failure to timely file this form shall be considered a waiver of any further request for reconsideration. The School Literacy Council will be convened upon the timely filing of this form following the procedures established in Board Policy IJL.[3]

Name of School: _____

Information Regarding Materials for Reconsideration

Type of material: Book ☐   Video/DVD ☐   CD/MP3 ☐   Periodical ☐   Audio Book ☐

☐ Other (please specify) _____

Title of Material: _____

Author(s): _____

Publisher/Producer: _____

Copyright Date: _____   **Grade Level:** _____   **Course:** _____

---

1. Section 1006.40(3)(d), Florida Statutes, requires that any materials purchased thereunder, must be:

   _____ Free of pornography and materials prohibited under Section 847.012, Florida Statutes.

   _____ Suited to student needs and their ability to comprehend the material presented.

   _____ Appropriate for the grade level and age group for which the materials are used or made available.

   Please select (above) which portion of the cited Florida Statute that you feel most captures your objection to the material.

2. What brought this material to your attention? _____

   _____

   _____

3. Did you examine the entire material? _____ If not, what parts did you examine? _____

   _____

   _____

   _____

---

[1] In accordance with Section 119.07, Florida Statutes, this completed Request is subject to production as a public record.

[2] Under Board Policy IJL, the term "resident" means a resident of Orange County, Florida, who has maintained his/her residence in Florida for the preceding year, has purchased a home that is occupied by him/her as his/her residence in the county, or has established a domicile in the county. *See also* Section 1006.28, Florida Statutes.

[3] Note that any Request for Reconsideration of Media Center Materials or Other Reading Materials form which alleges the material is pornographic, harmful to minors, and/or obscene shall be immediately forwarded to the District Literacy Council for review and decision.

4. To what in the material do you object? (Please be specific – include page numbers of each item challenged, pictures, film sequences, etc.)

_____

_____

_____

5. What do you believe is the theme or purpose of the material? _____

_____

_____

_____

6. What do you feel might be the result of a student using this material? _____

_____

_____

7. For what age group would you recommend this material? _____

_____

_____

8. In your opinion, is there anything of value in this material? _____

_____

_____

9. Have you read any critical reviews of this material? If so, what? Please be specific. _____

_____

_____

10. What would you like the school to do about this material? (Check your choice.)
    ____ Do not assign it to my child.
    ____ Withdraw it from all students.
    ____ Other: (Please explain.) _____

_____

11. If this material is withdrawn, what material of the same subject and format would you suggest as a substitute (if any)? _____

_____

Contact Information for Parent/Legal Guardian or Resident Submitting Request

Name: _____
                      (Last Name)   (First Name)   (Middle Name)

Address: _____
           (Number and Street Name)   (City)   (State) (Zip Code)

Email Address: _____

Home Phone: _____   Cell Phone: _____

_____   _____

Signature (Physical Signature Required)   **Date**

Student Information (if applicable)

Student's Name: _____
                  (Last Name)   (First Name)   (Middle)

Student's Address: _____
         (Number and Street Name)   (City)   (State) (Zip Code)

Date of Birth: _____ Student ID: _____ Grade Level: _____

School: _____