



ST. THOMAS AQUINAS CATHOLIC SCHOOLS
REQUEST FOR RECONSIDERATION
OF EDUCATIONAL MATERIALS

AUTHOR _____

TITLE _____

PUBLISHER _____

REQUEST INITIATED BY _____

ADDRESS _____

PHONE _____

1. Do you represent yourself or a group? (Please identify the group if applicable).

2. What are your objections to this material? (Please be specific: citing passages and page numbers.)

3. Did you read the entire book or review all of the material? _____
 If no, what parts did you cover?

4. Do you feel that this book or material has any merits?

5. For what age group would you recommend this book or material, if any?

6. What would you like your school to do about this material?

Further comments:

Date _____

Signature _____