EFB-R EXHIBIT 1

Request for Formal Reconsideration of Library Materials

	Date:			
N	ame:			
Ado	lress:			
City / State / Zip	code:			
Phone nur	nber:			
Е	Email:			
I am a: (select only one of the following)				
□ CFISD Stu □ CFISD Em □ CFISD Em □ Parent of 0	 □ CFISD Student (18+ years old) at a different campus from challenged material □ CFISD Employee at campus where challenged material is located □ CFISD Employee at a different location from challenged material □ Parent of CFISD Student at campus where challenged material is located □ Parent of CFISD Student at a different campus from challenged material 			
Library material on which you are requesting reconsideration:				
□ Book				
	□ E-Book Website			
•	3			
• •	□ Newspaper			
	□ Audio recording□ Video/Streaming Media			
, ,	□ Electronic information/network <i>(please specify)</i> :			
□ Other:				
<u>-</u>				
Title:				
Author/Producer:				
Campus:				

Approved: 12-19-22

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1. Have you reviewed the resources in their entirety? (If not, please do so land submitting this form.)				
		Yes No		
2.		What brought this material to your attention?		
3.		What concerns y	ou about the resource? (Please be specific. Cite pages and the like.)	
4.		What do you beli	eve might be the result of using this material?	
5.		Are there resource(s) you suggest that provide additional information and/or other viewpoints on this topic?		
6.		For what age group would you recommend this material?		
7.		What do you believe should be done with the material in question? Reclassify library material. Remove the material from the library. Do not allow my child to use this material.		
omplainant's signature:				
rate:				

Approved: 12-19-22