

**SCHOOL DISTRICT 36 (SURREY)  
CHALLENGE OF A  
PROVINCIALY RECOMMENDED OR LOCALLY APPROVED  
LEARNING OR LIBRARY RESOURCE**

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_

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Name of Person Initiating Challenge: \_\_\_\_\_

Role of Person Initiating Challenge: District Employee  Parent/Guardian  Student   
Other (please specify) \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_

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Title of Resource \_\_\_\_\_

Author(s) \_\_\_\_\_

Publisher/Year \_\_\_\_\_

Type of Resource: Ministry Approved  Locally Approved

Context of Usage: Classroom  Library

1. Have you reviewed the entire resource? \_\_\_\_\_

\_\_\_\_\_

2. What is your objection to the resource? \_\_\_\_\_

\_\_\_\_\_

a) page(s) \_\_\_\_\_ Specific Objection \_\_\_\_\_

\_\_\_\_\_

b) page(s) \_\_\_\_\_ Specific Objection \_\_\_\_\_

\_\_\_\_\_

c) page(s) \_\_\_\_\_ Specific Objection \_\_\_\_\_

\_\_\_\_\_

**Appendix I**  
**Attach. 8800.2**

3. From your point of view, what do you think is the theme or purpose of the resource?  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe what, in your opinion, there is of value in this material.  
\_\_\_\_\_  
\_\_\_\_\_

5. What positive or negative effects do you believe this resource would have on your son or daughter? \_\_\_\_\_  
\_\_\_\_\_

6. What positive or negative effects do you believe this resource would have on other students? \_\_\_\_\_  
\_\_\_\_\_

7. For what age group, if any, would you recommend this material? \_\_\_\_\_  
\_\_\_\_\_

8. In many cases, the impact of a resource will vary according to how it is presented and interpreted in the classroom, and we urge you to discuss this material with the appropriate people. Have you discussed the resource with:

- the teacher-librarian?                      Yes                       No
- the classroom teacher?                      Yes                       No
- the principal?                                      Yes                       No

9. Have you read reviews of this resource:      Yes                       No   
(if so, please note source of review and attach photocopies if available)  
\_\_\_\_\_  
\_\_\_\_\_

10. What is your recommendation regarding this resource?

- (a) do not recommend or assign it to my child
- (b) withdraw it from all student use
- (c) do not use with age group it is recommended for
- (d) have it further evaluated by educational staff
- (e) other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Further information may be attached.**

