

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

Name	of School		Phone #	
Conta	ect Name			
Name	of Person Initiating Challenge	e:		
Role	of Person Initiating Challenge:		. Parent/Guardian Studies Specify)	
Telep	hone Numbers: Home	Work	Cell	
Addre	ess:			
Title o	of Resource			
Autho	or(s)			
Publis	sher/Year			
Type	of Resource: Ministry Appr	oved Locally	Approved	
Conte	ext of Usage: Classroom	Library		
1.	Have you reviewed the entir			
2.	What is your objection to the	e resource?		
a)	page(s)		Specific Objection	
b)	page(s)		Specific Objection	
c)	page(s)		Specific Objection	

Appendix I Attach. 8800.2

Fron	n your p	oint of view, what do you thir	nk is the them	e or purpose of the resource?		
Plea	se descr	ibe what, in your opinion, the	re is of value	in this material.		
		re or negative effects do you bater?				
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For	what age group, if any, would you recommend this material?					
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Further information may be attached.

Appendix I Attach. 8800.2

Complete form and forward to:	1 copy to Principal of school concerned 1 copy to Director of Instruction responsible for Library/Learning Resource 1 copy to the person issuing challenge
Note to challenger: Please keep a copying service if necessary.	copy for your records. Your child's school can provide
Signed:	
Dated:	