

Individualized School Library Access Plan

By completing this Individualized School Library Access Plan, I understand that I am opting to change the level of access to the school library for my child.

_____ Page: _____ of _____
School Date to begin: _____
Date to end: _____

Student Name: _____

Student Grade: _____

Parent(s) Name(s): _____

Parent preferred contact (phone/email/ or address):

As the parent of _____, I wish to take full responsibility for the materials my child checks out of the school media center during the _____ - _____ school year. I understand that it is my parental responsibility to explain these restrictions to my child.

Please select one of the following library access options:

- ☐ I will send a list of titles/ topics/ authors that my child cannot access. (Please attach a list.)
- ☐ I will list the titles/authors for every book my child is allowed to access. (Please attach a list.)
- ☐ My child will not check out library resources without my permission. Parents may send a note with their child, indicating the titles that can be checked out.

I understand that a note will be placed on my child's Surpass account regarding this Individualized School Library Access Plan.

Parent Signature

Date