

## 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 \_\_\_\_\_ Indicate school year here. 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 until further notice.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date