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BLANK SCHOOL DIVISION REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Request By					
Repi	resenting	Myself Organization or Group			
Address		(please identify) E-mail address			
Telephone					
How do you prefer to be contacted?					
Title or Description of Item					
Author or Editor					
Type of Material (book / film / record / speaker / software / other (specify))					
1.	Did you examine, review, or listen to this learning resource or presentation in its entirety?				
	☐ YES	□ NO			
2.	Have you discussed ☐ YES	d this material with school staff who ordered it or who use it?			
	If yes, please identi	ify the staff person(s) with whom you had the discussion:			
		[Print name of staff person(s)]			
3.	Are you aware of e	valuations of this material by professional critics? □ NO			
	If no, would you be ☐ YES	interested in receiving this information? ☐ NO			
4.	Describe what prompted your concern about the material. Please cite page numbers and/or specific information from the material to support your concerns (attach additional material, if necessary).				

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5.	staff or in the BLANk for you?	•	ne material, as described by the schoo gram objectives, seem a suitable one	
	If not, please explain	n (attach additional ma	aterial, if necessary)	
6.	What action[s] would you like to see the school take regarding this material?			
	☐ Do not assign it to	o my child 🔲 The s	school should reevaluate the material	
	Other Explain:			
7.		place of this material?	ect and format that you would sugges YES INO	
Signature			Date	

RETURN COMPLETED FORM TO SCHOOL PRINCIPAL

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