

**ALEXANDRIA CITY PUBLIC SCHOOLS
REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES**

Request by: _____

Representing:

_____ Myself

_____ Organization or Group (please identify) _____

Address: _____

Telephone: _____ E-Mail: _____

How do you wish to be contacted? _____

Title or Description of Item: _____

Author or Editor: _____

Type of Material (specify book/film/record/speaker/software/other) _____

1. Did you examine, review, or listen to this learning resource or presentation in its entirety?

YES

NO

2. Have you been able to discuss this material with school staff who ordered it or who use it?

YES

NO

3. Are you aware of the judgment of this material by professional critics?

YES

NO

If no, would you be interested in receiving this information?

YES

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.)

5. Does the general purpose for the use of the material, as described by the school staff or in the Alexandria City Public Schools' program objectives, seem a suitable one for you?
YES NO

If not, please explain. (Attach additional material, if necessary.)

6. What action(s) would you like to see the school take regarding this material?

Do not assign it to my child The school should reevaluate the material

Other (explain)_____

7. Are there other materials of the same subject and format that you would suggest for consideration in place of this material? YES NO

If yes, please identify your suggestions.

Signature_____

Date_____