

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

Request by: \_\_\_\_\_

- I am a parent/guardian of an ACPS student requesting the reconsideration of a learning resource used in my child's instruction.
- I am a parent/guardian of an ACPS student requesting the reconsideration of a learning resource used in my child's school but is not specifically used for my child's instruction.
- I am an ACPS employee requesting reconsideration of a learning resource used in the school where I work.
- I am an Alexandria resident.

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How do you wish to be contacted? \_\_\_\_\_

Title or Description of Item: \_\_\_\_\_

Author or Editor: \_\_\_\_\_

Type of learning resource Textbook / Supplementary Instructional Material / Library resource (see KLB-R for definitions) \_\_\_\_\_

**Please answer the following questions about your review of the resource**

1. Did you examine, review, or listen to this learning resource or presentation in its entirety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been able to discuss this learning resource with school staff who ordered it or who use it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you aware of the evaluation of this learning resource in a professional journal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, would you be interested in receiving this information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Describe what prompted your concern about the learning resource. Please cite page numbers and/or specific information from the learning resource to support your concerns. (Attach additional reference information if necessary.)

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5. Does the general purpose for the use of the learning resource, 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 reference information, if necessary.)

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

- Do not assign it to my child  
 The school should reevaluate the learning resource  
 Other (explain)

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7. Are there other learning resources of the same subject and format that you would suggest for consideration in place of this learning resource?

- Yes  
 No

If yes, please identify your suggestions

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Signature \_\_\_\_\_

Date \_\_\_\_\_