2020P Exhibit B Request for Review of Instructional Materials

Date Submitted:

REQUESTOR INFORMATION:

Name:

Phone:

Email:

Relationship to School:

☐ Parent/Guardian ☐ Student

Is the Requestor the parent or legal guardian of a student enrolled BSD?

☐ Yes ☐ No

MATERIAL INFORMATION:

Title of Material:

Author/Creator:

Type of Material:

School where requestor accessed material:

What brought this material to your attention?

Have you reviewed the material in it's entirety? ☐ Yes ☐ No

If no, which sections or aspects of the material have you reviewed?

What specific concerns do you have about this material?
(Please be as specific as possible, including page numbers or other identifiers)

What do you believe might be the impact on students?

ACTION REQUESTED:
What action are you requesting?

Signature:

Date:

Please submit this form to your building Principal and the Executive Director of Teaching & Learning