File: KLB-E

BRISTOL VIRGINIA DIVISION REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Requ	uest By	
Repr	Myself Organization or Group (please identify)	
Addr	F-mail	
Telep	phone	
	do you prefer to be acted?	
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 this material with school staff who ordered it or who use it? ☐ YES ☐ NO	
	If yes, please identify the staff person(s) with whom you had the discussion:	
	[Print name of staff person(s)]	
	Are you aware of evaluations of this material by professional critics? ☐ YES ☐ NO	
	If no, would you be interested in receiving this information? ☐ YES ☐ NO	
3.	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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4.	staff or in the Bristol Virginia school division's program objectives, seem a suitable one for you? I YES NO
	If not, please explain (attach additional material, if necessary)
5.	What action[s] would you like to see taken regarding this material?
	☐ Do not assign it to my child ☐ Use of the material should be reevaluated.
	☐ Other— Explain:
6.	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.
Signa	ture Date

RETURN COMPLETED FORM TO SCHOOL PRINCIPAL