File: KLB-E

BRISTOL VIRGINIA DIVISION REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Requ	uest By	
Representing		Myself
		Organization or Group
		(please identify)
Address		E-mail address
Tele	phone	
	do you prefer to acted?	be
Title	or Description of	Item
Auth	or or Editor	
	e of Material (bool cify))	k / film / record / speaker / software / other
1.	Did you examine entirety?	e, review, or listen to this learning resource or presentation in its
	☐ YES	□ NO
2.	Have you discus ☐ YES	ssed this material with school staff who ordered it or who use it?
	If yes, please ide	entify the staff person(s) with whom you had the discussion:
		[Print name of staff person(s)]
	Are you aware o	of evaluations of this material by professional critics?
	If no, would you ☐ YES	be interested in receiving this information? ☐ NO
3.	numbers and/or	rompted your concern about the material. Please cite page specific information from the material to support your concerns al material, if necessary).

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4.	aff or in the Bristol Virginia school division's program objectives, seem a litable one for you? YES NO			
	not, please explain (attach additional material, if necessary)			
5.	What action[s] would you like to see the school take regarding this material?			
	Do not assign it to my child			
	Other— cplain:			
6.	re there other materials of the same subject and format that you would sugges r consideration in place of this material?			
	If yes, please identify your suggestions.			
Signa	e Date			

RETURN COMPLETED FORM TO SCHOOL PRINCIPAL