MAGGIE L. WALKER GOVERNOR'S SCHOOL REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Requ	uest By	
Repr	resenting	Myself Organization or Group (please identify)
Addı	ress	E-mail address
Tele	phone	
How	do you prefe	r to be contacted?
Title	or Description	on of Item
Auth	nor or Editor	
	e of Material (cify))	book / film / record / speaker / software / other
1.	Did you exa	mine, review, or listen to this learning resource or presentation in its entirety?
	☐ YES	□ NO
2.	Have you da	scussed this material with school staff who ordered it or who use it? □ NO
	If yes, pleas	e identify the staff person(s) with whom you had the discussion:
		[Print name of staff person(s)]
	Are you aw □ YES	are of evaluations of this material by professional critics? □ NO
	If no, would ☐ YES	you be interested in receiving this information? □ NO
3.		nat prompted your concern about the material. Please cite page numbers fic information from the material to support your concerns (attach additional necessary).

4.	the Maggie L. Walker Governor's School program objectives, seem a suitable one for you? YES NO		
	If 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 ☐ The school should reevaluate the material		
	☐ 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.		
			
Signat	Date		

RETURN COMPLETED FORM TO SCHOOL ASSOCIATE DIRECTOR FOR CURRICULUM AND INSTRUCTION

Adopted: March 16, 2016 Amended: October 15, 2020

Cross Ref.: Form 3002.3F Request for Reconsideration of Learning Resources Form