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

Requ	est By	
Repr	esenting	Myself
		Organization or Group (please identify)
Addr	ress	E-mail address
Telep	ohone	
How	do you pre	fer to be contacted?
Title	or Descript	ion of Item
Auth	or or Editor	
Type (spec		l (book / film / record / speaker / software / other
1.	Did you ex	xamine, review, or listen to this learning resource or presentation in its entirety?
	☐ YES	□ NO
2.	Have you ☐ YES	discussed this material with school staff who ordered it or who use it? ☐ NO
	If yes, plea	ase identify the staff person(s) with whom you had the discussion:
		[Print name of staff person(s)]
	Are you av	ware of evaluations of this material by professional critics? NO
	If no, wou ☐ YES	ld you be interested in receiving this information? ☐ NO
3.	and/or spe	what prompted your concern about the material. Please cite page numbers cific information from the material to support your concerns (attach additional f 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 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.		
Signat	rure Date		

RETURN COMPLETED FORM TO SCHOOL DIRECTOR

Adopted: March 16, 2016 Amended: October 15, 2020 Amended: September 19, 2024