

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

Request By

Representing

Myself

Organization or Group  
(please identify)

Address

E-mail address

Telephone

How do you prefer to be contacted?

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:

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[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).

4. Does the general purpose for the use of the material, as described by the school staff or in 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO THE SCHOOL ASSISTANT DIRECTOR**

Adopted: October 15, 2020

Cross Ref.: Form 6013.1F Request for Reconsideration of Learning Resources Form