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

Requ	est By	
Repre	esenting	Myself
	,	Organization or
		Group
		(please identify)
		E-mail
Addr	ess	address
Telep	ohone	
How	do you prefe	r to be contacted?
Title	or Descriptio	on of Item
Auth	or or Editor	
Type (spec		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 di ☐ YES	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 awa	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).

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	ed.
☐ Other - Explain:	
6. Are there other materials of the same subject and format that you would suggest consideration in place of this material? YES NO	for
If yes, please identify your suggestions.	
Signature Date	

RETURN COMPLETED FORM TO THE SCHOOL EXECUTIVE DIRECTOR

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