

**MANASSAS PARK CITY SCHOOLS  
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:

\_\_\_\_\_

[Print name of staff person(s)]

3. 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

4. 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).

5. Does the general purpose for the use of the material, as described by the school staff or in the BLANK school division's program objectives, seem a suitable one for you?

YES                       NO

If not, please explain (attach additional material, if necessary)

6. 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: \_\_\_\_\_

\_\_\_\_\_

7. 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 SCHOOL PRINCIPAL**