REQUEST FOR A FORMAL REVIEW OF A TEACHING AND/OR LEARNING RESOURCE

Requester Information			
Name:			
Representing:	☐ Self		
	☐ Other (Please Specify)		
Mailing Address:			
City:		**Postal Code:**	**Phone:**
School that Facilitated the Request for Reconsideration of Learning Resources Process:			

Resource Information		
Title:		
Author(s):		
Subject Area:		
Target:	Audience: ☐ Student ☐ Teacher	Grade Level(s):
Publisher:		
Publication Date:		
Format:	☐ Print ☐ Digital ☐ Human ☐ Multimedia	
General Summary of the Resource:		

Please respond to the following questions. If insufficient space, feel free to use additional sheet(s).
1. Please identify the words, passages, or sections of the resource that prompted your challenge of the use of this teaching and/or learning resource. For ease in locating these words, passages, or sections within the resource, please provide specific references (e.g., paragraph and page numbers, site addresses) where possible.

2. Do the identified words, passages, or sections (as listed above) correspond with the words, passages, or sections of the teaching and/or learning resource used in the classroom and/or school setting?
3. Please specify the full nature of your challenge with the use of this teaching and/or learning resource.
4. To the best of your knowledge, are you aware of other (past or current) challenges to the use of this teaching and/or learning resource in a classroom and/or school setting?
5. If possible, please provide a list of alternate teaching and/or learning resources that (you feel) would better address the intended curricular content.

_____ _____

Requester Signature Date

OFFICE USE ONLY	
Date Request received:	
Date Decision Conveyed to Requester:	
Superintendent's Signature:	**Date:**