

**ALEXANDRIA CITY PUBLIC SCHOOLS
REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES**

Request by: _____

- I am a parent/guardian of an ACPS student requesting the reconsideration of a learning resource used in my child's instruction.
- I am a parent/guardian of an ACPS student requesting the reconsideration of a learning resource used in my child's school but is not specifically used for my child's instruction.
- I am an ACPS employee requesting reconsideration of a learning resource used in the school where I work.
- I am an Alexandria resident.

Address: _____

Telephone: _____ E-Mail: _____

How do you wish to be contacted? _____

Title or Description of Item: _____

Author or Editor: _____

Type of learning resource (Textbook / Supplementary Instructional Material / Library resource) _____

Please answer the following questions about your review of the resource

1. Did you examine, review, or listen to this learning resource or presentation in its entirety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been able to discuss this learning resource with school staff who ordered it or who use it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you aware of the evaluation of this learning resource in a professional journal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, would you be interested in receiving this information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Describe what prompted your concern about the learning resource. Please cite page numbers and/or specific information from the learning resource to support your concerns. (Attach additional reference information if necessary.)

5. Does the general purpose for the use of the learning resource, as described by the school staff or in the Alexandria City Public Schools' program objectives, seem a suitable one for you?
- Yes
 - No

If not, please explain. (Attach additional reference information, if necessary.)

6. What action(s) would you like to see the school take regarding this learning resource?
- Do not assign it to my child
 - The school should reevaluate the learning resource
 - Other (explain)

7. Are there other learning resources of the same subject and format that you would suggest for consideration in place of this learning resource?
- Yes
 - No

If yes, please identify your suggestions

Signature _____

Date _____

ALEXANDRIA CITY PUBLIC SCHOOLS
REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Request by: _____
Representing: _____

- ~~I~~ am a parent/guardian of an ACPS student requesting the reconsideration of a learning resource used in my child's instruction. ~~Myself~~
- I am a parent/guardian of an ACPS student requesting the reconsideration of a learning resource used in my child's school but is not specifically used for my child's instruction.
- I am an ACPS employee requesting reconsideration of a learning resource used in the school where I work.
- I am an Alexandria resident.

Organization or Group (please identify) _____

Commented [MS1]: This is the four groups who can request the reconsideration based on the policy and regulation.

Address: _____

Telephone: _____ E-Mail: _____

How do you wish to be contacted? _____

Title or Description of Item: _____

Author or Editor: _____

Type of learning resource ~~Material~~ (specify ~~Textbook / Supplementary Instructional Material / Library resource~~ ~~book/film/record/speaker/software/other~~) _____

Please answer the following questions about your review of the resource

1. Did you examine, review, or listen to this learning resource or presentation in its entirety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been able to discuss this learning resource material with school staff who ordered it or who use it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you aware of the evaluation of this learning resource in a professional journal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, would you be interested in receiving this information?	<input type="checkbox"/> Yes

	<input type="checkbox"/> No
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4.

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5.4. Describe what prompted your concern about the learning resource material. Please cite page numbers and/or specific information from the learning resource material to support your concerns. (Attach additional reference information material if necessary.)

6.5. Does the general purpose for the use of the learning resource material, as described by the school staff or in the Alexandria City Public Schools' program objectives, seem a suitable one for you?

- Yes
- No

If not, please explain. (Attach additional reference information material, if necessary.)

7.6. What action(s) would you like to see the school take regarding this learning resource material?

- Do not assign it to my child
- The school should reevaluate the learning resource material
- ~~_____~~
- Other (explain)

7. Are there other learning resources materials of the same subject and format that you would suggest for consideration in place of this learning resource material?

- Yes
- No

If yes, please identify your suggestions

Signature _____

Date _____