

**WESTMORELAND COUNTY SCHOOL DIVISION
REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES**

Request By _____

Representing Myself
 Organization or Group (please identify):

Phone _____ Email _____

Mailing Address _____

How do you prefer to be contacted? _____

Title or Description of Item _____

Author or Editor _____

Type of Material book video/film 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 print the name(s) of the staff person(s) with whom you had the discussion: _____

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 Westmoreland County school division's 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 taken regarding this material?

Do not assign it to my child Use of the material should be reevaluated.

Other (please 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 SCHOOL PRINCIPAL