

MADISON COUNTY SCHOOL DIVISION  
 REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES

Request By	_____
Representing	_____ Myself
	_____ Organization or Group (please identify) _____
Address	_____
Telephone	_____ E-mail address _____
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

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 Madison County school division's program objectives, seem a suitable one for you?

\_\_\_ YES \_\_\_ NO

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(continued)

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 the material?

YES       NO

If yes, please identify your suggestions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN COMPLETED FORM TO SCHOOL PRINCIPAL**