

Exhibit 1

Request for Reconsideration of Teaching or Learning Resources

Initiated by		
Mailing Address		
E-mail address		
Phone Number(s)		
Identity of Challenger (Please Ch		
Parent/Guardian	Student Staff Member	
Name of School		
	the Learning Resource:	
Age and Grade of Student using the Learning Resource:		
Resource Questioned:		
Title/Name of Resource		
Author/Publisher		
Type of Resource (be specific)	Book Article Video Website	
	Other (Specify)	
Copyright Date		
Have you spoken to the teacher to determine the rationale for using the teaching or learning		
resource?		
2. How was the resource used		
Required use:		
Required use.	Optional use:	
3. What do you believe is the purpose and/or educational value of this resource?		

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4.	To what, in this resource, do you object? Please be specific as to the basis of your concern.
5.	What do you feel might be the impact on the student using this learning resource?
6.	Have you personally reviewed the <u>entire</u> resource? If not, what sections did you review:
7.	In the place of this material, would you care to recommend other materials that you consider to convey a similar perspective of society and set of values?
8.	What alternative learning resource would you suggest for consideration that deals with the same topic, theme, issues, etc.?
= Sig	ned Date me (please print)
	Please return this form to the Principal.
	A copy will be distributed to the Associate Superintendent, Education Services.

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