

## Request for Reconsideration of a Learning Resource Form

Complete this form thoroughly and submit it to the school principal. The purpose of this form is to support a respectful and transparent review process regarding concerns related to a learning resource used within a CDSBEO school. Submission of this form initiates a formal review process under the CDSBEO Learning Resources Administrative Procedure.

### Section A: Resource Information

**Title of Resource:**

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**Author/Creator/Producer:**

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**Publisher/Producer/Distributor:**

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**Publication/Release Date:**

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**Format:**

- Book
- Novel
- Film/Movie
- Video
- Digital Resource
- Website
- Audio-Visual Resource
- Other: \_\_\_\_\_

**School:**

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**Grade/Course (if known):**

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**Teacher/Classroom (if known):**

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## Section B: Requestor Information

**Name:**

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**Relationship to School Community:**

- Parent/Guardian
- Student
- Staff Member
- Community Member
- Other: \_\_\_\_\_

**Phone Number:**

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**Email Address:**

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## Section C: Review of Resource

**1. Have you reviewed the entire resource?**

- Yes
- No

**If no, please indicate which portions were reviewed:**

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**2. Have you previously discussed your concern with school staff or administration?**

- Yes
- No

**If yes, please summarize the discussion and outcome:**

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**Section D: Nature of Concern**

**3. Please describe your concern regarding the resource.**

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**4. Please identify the specific content, themes, language, images, or sections that are of concern.**

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**5. What impact do you believe this resource may have on students?**

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**6. Are there portions of the resource that you believe are educationally appropriate or valuable? Please explain.**

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## Section E: Requested Resolution

### 7. What action or outcome are you requesting?

- No action required following review
- Alternative resource be provided
- Resource be reviewed for future use
- Resource use be limited to certain grade levels
- Resource be removed from classroom use
- Resource be removed from school access
- Other: \_\_\_\_\_

**Please explain:**

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## Section F: Additional Information

### 8. Please provide any additional comments or supporting information you wish to include.

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## Section G: Signature

I acknowledge that this request will be reviewed in accordance with the CDSBEO Learning Resources Administrative Procedure.

**Signature:**

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**Date:**

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**School Use Only**

**Date Received:**

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**Received By:**

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**Follow-Up Actions:**

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**Date of Response:** \_\_\_\_\_