



**qathet School District**

**Learning Resource Review Form**

For additional information, see Administrative Procedure 251 – Learning Resources

|   |  |  |  |
|---|--|--|--|
| <b>Title of Resource:</b>   |  | <b>Type of Resource:</b><br><input type="checkbox"/> Print<br><input type="checkbox"/> Digital<br><input type="checkbox"/> Other: _____  |  |
| <b>Author(s):</b>   |  | <b>Publisher/Year:</b>   |  |
| <b>Contact Information:</b>   |  |  |  |
| <b>Request initiated by:</b> (print name)   |  | <b>Role of Complainant:</b><br><input type="checkbox"/> Teacher <input type="checkbox"/> Parent<br><input type="checkbox"/> Other: _____ |  |
| <b>Email:</b>   |  | <b>Telephone:</b>  |  |
| <b>Address:</b>   |  |  |  |
| <b>Reason for Request to Review</b>   |  |  |  |
| <b>To what in the resource(s) do you object? Please be specific, giving page numbers, etc.:</b>                                   |  |  |  |
| <b>Have you discussed this resource with the student involved?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | <b>What was their response?</b>  |  |
| <b>What do you feel might be the <u>positive</u> effect(s) of reading, viewing, or listening to this resource?</b>                |  |  |  |
| <b>What do you feel might be the <u>negative</u> effect(s) of reading, viewing, or listening to this resource?</b>                |  |  |  |
| <b>Have you reviewed the entire resource?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                            |  |  |  |



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### Reason for Request to Review (continued)

In many cases, the impact of a resource will vary according to how it is presented and interpreted in the classroom, and we urge you to discuss this material with the appropriate people. Have you discussed the resource with the:

Teacher     School Staff

What was their response?

Have you read reviews of this resource?     Yes     No

Source of reviews? (please attach copies or links to reviews, if available)

If reviews are available, would you like copies?     Yes     No

Additional comments:

Signed:

Date Signed: (mm/dd/yy)

Submit the completed form to your School Principal.