**DISTRICT-WIDE SUPPLEMENTAL RESOURCES**

APPEAL FORM

A SEPARATE APPEAL FORM IS AVAILABLE FOR CORE,

 LOCAL SCHOOL SUPPLEMENTAL AND MEDIA RESOURCES

(Please Print)

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| **CONTACT INFORMATION** |
| Today’s date: |
| **Appeal Initiated by:** Last: First: Middle: |  Mr. Mrs. |  Miss Ms. |
| Street address: | Work phone no.: ( ) | Home phone no.: ( ) |
| City: | State: | ZIP Code: |
| **Does the person making this request represent him/herself or a group or organization?** |  Individual  Group |
| If a group or organization, please identify: |  |
|  |
| **RESOURCE INFORMATION** |
|  |
| Type of resource: |  Book  Software  Digital Content | Title: |
| Author/Producer: | Copyright Date: |
| Publisher/Distributor: | Grade Level(s) and Subject(s) Where Currently Being Used: |
| (**Please Answer The Following Questions)**If you need more space, please attach additional sheets. |
| 1. Have you read, viewed or listened to the resource in its entirety?  Yes  No |
| 2. List your specific complaints about the content of the resource, including page number where applicable, and why you believe it is not appropriate for use with the assigned level, grade, subject, and/or course. |
| 3. What request do you make for this resource?  Remove resource from school(s)  Restrict resource to another school level  Restrict use of certain segments of the resource  Use as a teacher resource only  Other – please note. |
| 4. Provide a rationale for the request made in #3. |
| 5. In the place of this resource, can you recommend other resources that you consider to be of equal or superior quality for the educational purpose intended? |
| 6. Do you wish to make an oral presentation to an Appeal Committee?  Yes  No |
| School Where Appeal is Being Filed: | Principal’s Name: |
| Signature of Person Initiating Appeal: | Date: |

**(Form returned to Director of Instructional Resources and Support, Instructional Support Center, 437 Old Peachtree Road NW, Suwanee, GA 30024)**