

IRVING INDEPENDENT SCHOOL DISTRICT
REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

Name of Concerned Party: _____ Date Submitted: _____

Street Address: _____ City: _____ Zip: _____

Telephone No.: _____ Fax: _____

E-Mail Address: _____

1. Material on which you are commenting (please check one):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Book | <input type="checkbox"/> Audiovisual Resource |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Software |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Online Resources |
| <input type="checkbox"/> E-book | <input type="checkbox"/> Other |

Title: _____

Author/Producer: _____

2. Did you read/view the entire material? _____
(If not, please do so before completing and submitting this form.)

3. What brought this material to your attention? _____

4. Please comment on the material as a whole as well as those specific matters that concern you. Comments (use other side or attachments if needed):

5. What action do you wish the campus/District to take with regard to this material?

Signature of Concerned Party: _____

Date Signed: _____

Return request for District-level reconsideration hearing to Irving ISD, Attn: Associate Superintendent of Academic Services, 2621 W. Airport Freeway, Irving, TX 75062.

For Office Use Only
Date Received: _____ (mm/dd/yy)
Parties Notified of Committee Meeting: _____
Informal Campus-Level Review Completed: _____
Copies Sent To: _____
Campus Principal: _____
Dist Reconsideration Committee: _____
Concerned Party and Others: _____
Notification of Decision: _____
Reconsideration Meeting Date: _____