

**IRVING INDEPENDENT SCHOOL DISTRICT
REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL RE-
SOURCES**

Name of Concerned Party: _____

Date Submitted: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

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

- Book
- Magazine
- Newspaper
- E-book
- Audiovisual Resource
- Software
- Online Resources
- Other: _____

Title: _____

Author/Producer/Publisher: _____

Did you read/view the entire material?

- Yes
- No

(If not, please do so before completing and submitting this form.)

What brought this material to your attention?

INSTRUCTIONAL RESOURCES

EF
(EXHIBIT)

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

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: Director of Digital Learning and Learning Resources, 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: _____

District Reconsideration Committee: _____

Concerned Party and Others: _____

Notification of Decision: _____

Reconsideration Meeting Date: _____