INSTRUCTIONAL RESOURCES INSTRUCTIONAL MATERIALS AND ADOPTION

EFB (EXHIBIT)

EXHIBIT B

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL MATERIALS

Name	Date					
Address						
City, State, Zip						
Email	Phone					
I am a	Student District Staff Member Denton ISD Community Member Parent/Guardian of a student currently enrolled in a Denton ISD school					
I represent Myself An organization:						
Resource Type						
Book/ebook	Magazine Audio Recording Textbook					
Software	Newspaper Video Display					
Digital Resource Other (Please specify):						
Title:						
Author/Producer:						
1. Have you reviewed this material in its entirety? If not, this form will not be accepted.						
Yes	Yes No					
2. To what material do you object? (Please be specific: cite pages, etc.)						

3.	Is this a campus or classroom library resource?	Campus Library	Classroom Library		
4.	If this is a classroom library resource, please specify the campus and classroom.				
5.	What do you believe might be the result of having this material in a campus or classroom lib				
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6.	For what age group would you recommend this n	nateriai?			
	Elementary Middle	High	None		
7.	In its place, do you recommend any material of equal quality that could be used?				
8.	8. What do you believe should be done with the material in question? Do not allow my child to use/check out this material Move the material to a higher grade band (elementary to middle, middle to high) Remove the material from the curriculum/library				
	t requires				
Comp	lainant Signature:		Date:		