

CASTLEBERRY 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):

- | | |
|-----------|----------------------|
| Book | Audiovisual Resource |
| Magazine | Online Resources |
| Newspaper | Other |
| E-book | |

Title: _____

Author/Producer: _____

2. Are you a student, district employee, or a district resident? _____

3. Did you read/view the entire material? Yes _____ No _____
(If not, please do so before completing and submitting this form.)

4. What brought this material to your attention? _____

5. 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):

6. 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 Castleberry ISD, Attn:
Executive Director of Teaching Learning & Innovation, 5228 Ohio Garden Rd. Fort
Worth, TX 76114**

For Office Use Only	
Date Received: _____	(mm/dd/yyyy)
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:	

DATE ISSUED: 9/4/23

EFB(EXHIBIT)-X