

Commissioner's Rule Review Feedback Form

Please use the following categories for your feedback on each rule.

Rule No. <small>(Texas Administrative Code number)</small>	Issue/Benefit/Problem <small>(Does rule need to be revised? Why or why not?)</small>	Change Desired <small>(If change is desired, outline the rule revision. If no change is desired, indicate "no change".)</small>	Rationale <small>(How does the proposed change or keeping the current rule solve the problem/issue?)</small>

This response represents:

District Staff: Name of District: _____
 Individual: _____
 Association Member: Name of Association _____

Position: Administrator Teacher Counselor Other
 ESC: # ____