This form and any ancillary evidence must be scanned and submitted to the Teacher’s email address and Principal within five days of the release of report cards. Supporting evidence must accompany the appeal. Appeals will not be heard in the absence of evidence.

Student Name______________________
I.D. Number _______________________
Course____________________________
Teacher ___________________________
Date of Submission _________________
Initial grade __________

Reason for Grade Change Request:

________Completion of make-up work- Attached copy of work provided

________Error in grade entry or calculation

________Other:

_____Medical Reasons

_____Student transferring from outside jurisdiction

_____Compliance IEP/ 504’s

Explanation of concern (Please provide details as they would be used to determine the validity of the concern):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Explanation of evidence (Please attach evidence):

_________________________________________________________________________________
The information presented is, to the best of my knowledge, accurate:

Signed,

___________________________ Student Signature

___________________________ Parent/ Guardian Signature

_________________________________________ Parent Name/ Contact Information

**Teacher Decision**

_________ I am in agreement and will initiate a PS-140 to reflect the changing of grade from a _________ to ___________.

_________ I am not in agreement and will be initiating a Grade Appeal Response form that will be submitted with this form.

___________________________ Teacher Signature__________ Date

**Principal Decision**

_________ There is insufficient evidence provided to move this concern to the School Instructional Team.

_________ There is sufficient evidence to warrant an appeal hearing.

Principal Name __________________________

Date _________________

Signature_______________________________