



Department of Education Policy and Procedures Grade Change Authorization Form

This form is required for all grade changes recorded in IMPACT or SIM Historical.
Grade Change Policy can be reviewed in Section 605.7, Board Report 10-0324-PO1

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| Student Last Name: | Student First Name: |
| Student ID Number: | Student Grade Level: |
| School Name: | Date of Grade Change Request: |

1. Course and Grade Information:

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| Teacher: | Grade Status: |
| Course Number: <i>(high school only)</i> | <input type="checkbox"/> Grade issued within the last 30 school days <i>(Principal must approve)</i> |
| Course Name: | <input type="checkbox"/> Grade issued more than 30 school days ago <i>(Principal and Chief of Schools must approve)</i> |
| School Year: | <input type="checkbox"/> Grade issued more than 1 year ago <i>(Principal, Chief of Schools and CEEdO/Designee must approve)</i> |
| Elementary School: Grading Period: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th Quarter <input type="checkbox"/> Final | |
| High School: <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Final | |
| Original Grade: | <input type="checkbox"/> Grade not yet issued to student: Teacher missed deadline to post grades; need to correct IMPACT record to show teacher-assigned grade. <i>(Appropriate approval is required based on number of school days elapsed – MUST ALSO MARK ONE OF THE BOXES ABOVE.)</i> |
| Revised Grade: | |

2. Specify reason(s) for grade change:

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| <input type="checkbox"/> Miscalculation of test or assignment scores |
| <input type="checkbox"/> A technical error in assigning a particular grade or score |
| <input type="checkbox"/> The evaluation of an extra assignment which impacts upon a grade |
| <input type="checkbox"/> Use of an inappropriate grading/evaluation system |
| <input type="checkbox"/> Failure to meet grade posting deadline causing incorrect grade reporting |
| <input type="checkbox"/> Other <i>(valid reason must be authorized in writing by the Chief of Schools or his/her designee)</i> Specify reason: |

3. Teacher Review:

Teacher has reviewed the grade change request: Yes No If no, explain reason(s):
If yes, the teacher agrees disagrees with the change. If teacher disagrees, explain reason(s):

Teacher Name (print): _____ Teacher Signature: _____ Date: _____

4. Principal Determination:

Approve Deny, explain reason(s): _____

Principal Name (print): _____ Principal Signature: _____ Date: _____

Schools do not write below this section.

5. Other Authorization

Chief of Schools Name (print): _____ Chief of Schools Signature: _____ Date: _____

Approve Deny, explain reason(s): _____

Chief Education Officer/Department of Policy and Procedures Signature: _____ Date: _____

Approve Deny, explain reason(s): _____

6. Audit/Review

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|--|--|--------------------------------------|---|---------------------------------------|
| Audit/Review completed by: | <i>Schools may be asked to provide supporting documentation, including but not limited to the following:</i> | | | |
| <input type="checkbox"/> Chief of Schools | <input type="checkbox"/> Grade Book | <input type="checkbox"/> IMPACT Data | <input type="checkbox"/> Personal Learning Plan | <input type="checkbox"/> Student Work |
| <input type="checkbox"/> Policy and Procedures | Test Scores, including online assessments: <input type="checkbox"/> DIBELS <input type="checkbox"/> ISEL <input type="checkbox"/> Other assessments: | | | |
| <input type="checkbox"/> Other: | Other supporting document(s): | | | |