



## **Grade Appeal Reporting Form** **(Attachment B: AP 5116)**

*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): \_\_\_\_\_

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Explanation of evidence (Please attach evidence): \_\_\_\_\_

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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 \_\_\_\_\_