

**SDUSD Office of School Innovation (OSI)
Grade Correction Authorization Form**

This form is required for all grade changes recorded in PowerSchool Historical Grades.

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

1. Course and Grade Information:

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 during the last semester/quarter term <i>(Principal and Area Superintendent must approve)</i>	
School Year:			
Grading Period:	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Quarter: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Grade issued more than a quarter/semester will not be accepted.	
Original Grade:	Academic: _____ Citizenship: _____	<input type="checkbox"/> Grade not yet issued to student: Teacher missed deadline to post grades; need to correct Gradebook 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:	Academic: _____ Citizenship: _____		

2. Specify reason(s) for grade change:

<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"/>	Failure to meet grade posting deadline causing incorrect grade reporting
<input type="checkbox"/>	Teacher issued: <input type="checkbox"/> Fraudulently <input type="checkbox"/> In Bad Faith <input type="checkbox"/> Due to Incompetency <input type="checkbox"/> Clerical/Mechanical
<input type="checkbox"/>	Other <i>(valid reason must be authorized in writing by the Area Superintendent or his/her designee) Specify reason:</i>

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:
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4. Principal Determination:

Approve Deny, explain reason(s):

Principal Name (print):	Principal Signature:	Date:
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Schools do not write below this section.

5. Other Authorization:

Area Superintendent Name (print):	Area Superintendent Signature:	Date:
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Approve Deny, explain reason(s):

6. Evidence Review:

Audit/Review completed by:	<i>Schools may be asked to provide supporting documentation, including but not limited to the following:</i>			
<input type="checkbox"/> Teacher Syllabus	<input type="checkbox"/> Grade Book	<input type="checkbox"/> PowerSchool 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"/> Other:	Other supporting document(s):			

Site Tech Initials _____ Date: _____
(Makes grade correction, confirms teacher Gradebook change)
Office of School Innovation & Youth Integrated Services

Registrar Initials: _____ Date: _____
(Files original in Student Cumulative Folder)