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________________________________
## Grade Reporting / Appeal Information

**All grade appeals must be submitted electronically with evidence to Mrs. Morton-Wilson at Lisza.Morton-W@pgcps.org**

**Dates may be adjusted to accommodate inclement weather**

*Last day for Gr 12

### Grade Change Window

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<td>TBD</td>
<td>TBD</td>
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<td>06.17.20</td>
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<td>03.07.20</td>
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**SY 20 Grade Reporting / Appeal Information**