Grade Appeal Form
Attachment A to Administrative Procedure 5116 Grade Change Authorization and Appeals
Prince George’s County Public Schools

This form is used to allow parents/guardians students over age 18 or staff to request a grade change within five days of the release of report cards. After the form has been completed by the parent/guardian, the appeal form and supporting evidence will be submitted to the teacher, who will respond to the request (page 1). Following the teacher response, the principal will provide a decision (page 2). If utilized, the SIT Committee will provide a decision to the parent and teacher (page 3). All completed forms must be filed in the student cumulative folder at the conclusion of the grade appeal.

Parent, Guardian, or Student over the age of 18 section

Student Name______________________  Student Number _______________________
Course______________________________  Teacher Name___________________________
Submitter Name _____________________  Date of Submission ______________________
Initial grade __________
Reason for Grade Change Request:

_________ Completion of make-up work. A copy of the completed make-up work must be scanned and attached to the electronic grade change authorization form;
_________ Error in grade entry or calculation in the teacher gradebook;
_________ Lawful absences as defined in COMAR and AP 5113 Student Attendance, Absence, and Truancy, including student illness; or
_________ Failure to provide allowable accommodations, supplemental aid or services in accordance with a student’s IEP or 504 plan.

1. Explanation of concern (Please provide details that would be used to determine the validity of the concern):
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Explanation of evidence (Please attach evidence):
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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

Student Signature _________________________________
Parent/Guardian Name _______________________________
Parent/Guardian Signature ___________________________
Parent/Guardian Contact Information ___________________
Grade Appeal Form continued
School Officials section

**Teacher Response**
1. Teacher Response to appeal (Please attach teacher evidence):

_________________________________________________________________________________

___ 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 Name            Teacher Signature                        Date

**Principal Decision**

___ There is sufficient evidence to warrant a grade change and move this concern to the Student Intervention Team (SIT) Grade Appeal Committee to reflect the changing of grade from _________ to ___________.

___ There is insufficient evidence provided to warrant a grade change and/or move this concern to the Student Intervention Team (SIT) Grade Appeal Committee.

_______________________  __________________                        ____________
Principal Name            Principal Signature                        Date

If a grade change is authorized to occur, the teacher, if in agreement, or principal must initiate the PS-140 attaching this completed form and all evidence involved in the determination. The teacher has the authority to check that they are not in support of the grade change. This does not, however, overrule the findings of the committee.
Grade Appeal Form continued
SIT Committee section

If the SIT Grade Appeal Committee is utilized for this appeal, they must record feedback to the Parent and Teacher regarding the decision of the SIT Committee. If the decision warrants a grade change, this form along with the evidence and PS-140 form must be filed in the student’s cumulative folder.

Decision of Committee

2. Grade Appeal outcome:_____ Approved_____ Denied

Rationale and findings of SIT Grade Appeal Committee:_______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Grade input change (If deemed appropriate by SIT Committee): From _______ to _________

Committee Member Signatures:

________________________________ Position_________________________ Date_________ 

________________________________ Position_________________________ Date_________ 

________________________________ Position_________________________ Date_________ 

________________________________ Position_________________________ Date_________ 

________________________________ Position_________________________ Date_________ 

SIT Committee Chairperson Name   SIT Committee Chairperson Signature               Date   

Principal Name                  Principal Signature               Date   

If a grade change is authorized to occur, the SIT Chairperson must initiate the PS-140 attaching this completed form and all evidence involved in the determination. The teacher has the authority to check that they are not in support of the grade change. This does not, however, overrule the findings of the committee.