



DATE _____

Dallas Independent School District

GRADE CORRECTION FORM

The following information is necessary to change a "six weeks" and/or semester grade. Complete ALL the information requested (available in the grade book) and return the completed form to the Principal. Errors in students' grades must be corrected within ten days after the grading period ends. Corrections of grade errors will be based on teacher grade book records. Corrections will be made only on a designated form with the teacher's and principal's signature and date to verify the change. Copies will be distributed to the Data Controller and Counselors. (EIA Regulation)

NAME: _____ GRADE LEVEL _____ I.D.# _____

SUBJECT NAME: _____ CRS NO. _____ SEC. _____

CHANGES REQUESTED FOR:

Semester: _____ Fall _____ Spring _____ / _____ School Year

Grade(s) Recorded on File:

1st Six Weeks _____

2nd Six Weeks _____

3rd Six Weeks _____

Exam _____

*Sem. Average _____

Change to:

1st Six Weeks _____

2nd Six Weeks _____

3rd Six Weeks _____

Exam _____

Sem. Average _____

*On "semester average" changes, indicate **ALL** cycle grades plus exam grade recorded on file.

Please indicate reason(s) for grade change(s) being requested.

Approved:

Teacher's Signature

Principal's Signature