Garfield Grade Review Form

Policy
Garfield High School recognizes that it is in the best interest of all students and the Seattle School District to resolve disputes promptly, fairly and equitably. Students may request a grade review or credit decision given for Garfield High School courses, when they believe the grade to be in error or awarded through prejudice or capriciousness. The burden of proof rests with the student to show that the awarded grade is incorrect or inappropriate.

The evaluation of academic work is the prerogative of the instructor and the expectations for determining final course grades will be established by the instructor and given to the students in a course syllabus at the beginning of each semester. A student who believes there are grounds for a review of a final course grade must first discuss the review with the instructor responsible for the grade assigned within 30 days of the report card. The student and staff member shall report the outcome of their discussion to the Principal before a student files a grade review request.

Purpose
The grade review process is for students who have evidence that an inappropriate grade has been assigned as a result of prejudice, capriciousness or other improper conditions, such as mechanical error or assignment of a grade inconsistent with the standards in the syllabus. Parents and students can attend all levels of the review.

Please note that in order to receive credit for the courses, you must have (1) passed the examination(s) with an average grade of D or higher and (2) earn a passing average on the total of all assigned courses work (e.g., exams, assignments, projects, paper, etc.)

Procedure
A student who fails to initiate the review within 30 days loses the right to a review.

Grade Change
A grade can only be changed:
• By the teacher of record for that specific course and grade; or
• By the Principal if the cause was a math error or bias or if there is documentation.
# Garfield High School Grade Review Form

**Teacher Error or Student Requested Review**

| Student’s Name: ________________________________________________ |
| Address: _______________________________________________________ |
| ID Number: ________ Date: ________________________________ |

**Step 1**

I have contacted ___________________________ on ______________ regarding the grade of __________________

(Name of instructor) (Date)

Which I received in _______________________________ during 1st Semester 2nd Semester

(Course title and number)

In __________________

(Department)

Date: ____________________________

Teacher Signature

Since the complaint was not resolved to my satisfaction, I am requesting continuation of the review procedure.

Please list documentation that was reviewed for the review (i.e.) grade book, attendance, any accommodations for a 504 or an IEP, or other extenuating circumstances.

_____________________________________________________________________________________

**Step 2** (This form, accompanied by a written statement detailing the factual basis of the complaint and the instructor’s written rebuttal, should be taken by the student to the chair within 30 class days of the end of the term in which the grade was received. Action must be taken within 15 days by the dept chair.

This review was presented to the Chair of the Department on ____________________________

Grade change denied ________________ grade changed to a grade of ________________ with consent of the instructor.

Reason for action: ________________________________________________________________

Please list documentation that was reviewed for this review (i.e.) grade book, attendance, any accommodations for a 504 or an IEP, or other extenuating circumstances.

_____________________________________________________________________________________

_____________________________________________________________________________________

(Department chair Name (print) ______________________ (Signature) ____________ (Date) ________

**Step 3** (This form and all supporting documentation is to be sent by the chair of the department with in 5 days of the completion of step 2, if the students so requests. Decision rendered in 15 days

This Review was presented to the principal ____________________________ on ____________________________

Grade change denied. ________________ Grade changed to __________________________

Reason for Action: ________________________________________________________________

_________________________________________ Date ______________________

(Principal Name (print) ______________________ (Signature) ___________________