SDUSD Office of Leadership and Learning
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: Request:**	

1. Course and Grade Information:

Teacher:		**Grade Status:** *(Choose ONE option below)*
Course Number: *(High School only)*		❑ **Grade issued within the previous quarter/semester** *(Principal must approve)*
Course Name:		❑ **Grade issued prior to the previous quarter/ semester** *(Principal and Area Superintendent must approve)*
School Year:		
Final Term:	❑ S1 ❑ S2 ❑ **Quarter:** ❑1ˢᵗ ❑2ⁿᵈ ❑3ʳᵈ ❑4ᵗʰ	**Grade issued more than two quarters/semesters past original issue date will not be accepted.**
Original Grade:	Academic: Citizenship:	❑ **Grade not yet issued to student:** Teacher missed deadline to post grades; need to correct Gradebook record to show teacher-assigned grade. *(Appropriate approval is required based on the number of school days elapsed)* – **MUST ALSO MARK ONE OF THE BOXES ABOVE.**
Revised Grade:	Academic: Citizenship:	

2. Specify reason(s) for grade change:

❑	Miscalculation of test or assignment scores
❑	A technical error in assigning a particular grade or score
❑	The evaluation of an extra assignment which impacts upon a grade
❑	Student demonstrated mastery of standards in second quarter or semester of coursework
❑	Failure to meet grade posting deadline causing incorrect grade reporting
❑	Teacher issued: ❑ Fraudulently ❑ In Bad Faith ❑ Due to Incompetence ❑ Clerical/Mechanical
❑	Other *(valid reason must be authorized in writing by the Area Superintendent or his/her designee) Specify reason:*

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:**

4. Principal Determination:

❑ **Approve** ❑ **Deny**, explain reason(s):

Principal Name (print):	**Principal Signature:**	**Date:**

Page 2: Area Superintendent Approval, as needed. Schools do not write below this section.

5. Other Authorization:

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

6. Evidence Review:				
Audit/Review completed by:	*Schools must submit supporting documentation when area superintendent approval required, including but not limited to the following:*			
❑ Teacher Syllabus	❑ Grade Book	❑ PowerSchool Data	❑ Personal Learning Plan	❑ Student Work
❑ Policy and Procedures	**Test Scores, including online assessments:**			
❑ Other:	**Other supporting document(s):**			

Site Techs "restores" new grade if change is made in the same school year: **Site Tech Initials _____   Date: _____**
(Makes grade correction)

Registrar manually changes grade if the change is in the subsequent school year: **Registrar Initials: _____ Date: _____**
(Files original in Student Cumulative Folder)

Office of Leadership & Learning   REV: 05.19.21