

Parent Request for Review of Teacher Decision

This information is submitted on behalf of my child, _____,
Name
who is a student at _____.
School

I am requesting a review of their (please check one) **Promotion** to grade _____
Retention in grade _____ **Final Failing High School Course Grade** in
_____ (subject). (Note: any decision will only be “pass” or “fail” – no letter grade can be changed).

Please complete the following information about the reasons for the review.

1. State law requires that you demonstrate to the Board that the student met the competency requirements of the grade or subject. Please describe how the student has or has not met the competency requirements for this grade/subject.
2. Are there any unusual circumstances that you feel affected your child’s performance in this class this year? If yes, please describe briefly.
3. How do you think a reversal of the teacher’s decision will benefit your child?
4. What documentation do you plan to present to demonstrate your child’s performance relative to mastering the State Standards? (See Regulation IKE – R Promotion, Retention, Acceleration; last page – Appeal Process)

Signed: _____ Date: _____
Parent/Guardian

Address: _____ Phone: _____

Submit within 15 calendar days after the last day of school or grading period to: Governing Board, TUSD, 1010 E 10th Street, Tucson, AZ 85719