

**Parent Request for Review of Teacher Decision**

This information is submitted on behalf of my son/daughter, \_\_\_\_\_, Name  
who is a student at \_\_\_\_\_ School.

I am requesting a review of his/her (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 10<sup>th</sup> Street, Tucson, AZ 85719