

Schedule Change Request Form

Student Name: _____ ID: _____

Counselor: _____ Date: _____

Proposed Schedule Change:

Old Class	Teacher	Period	New Class	Teacher	Period

Reason for the proposed schedule change:

(1) Required per IEP (2) ELL Prog. Change (3) Scheduling Error (4) Academic

Proposed schedule change recommended by:

Student Parent Teacher Counselor Social Worker Administration _____

If schedule change is for scheduling error, please describe the error:

For Reasons 4:

Describe the issue leading to the proposed schedule change:

How will this change benefit the student?

Why do you believe that the proposed change will be effective?

What are the possible negative consequences of making this change at this time and how would we guard against those consequences?

Student Signature: _____	Date: _____	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Signature: _____	Date: _____	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
Counselor Signature: _____	Date: _____	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
Division Head Signature: _____	Date: _____	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
Principal/Asst. Principal: _____	Date: _____	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Teachers losing and gaining students will be notified by Counselor via email in real-time as all schedule changes will be tracked; forms are to be turned into Assistant Principal of Educational Services for permanent records.*