

# Oquirrh Hills Middle School

Please understand the following:

- Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Change Requested: \_\_\_\_\_

Reason for the Request: \_\_\_\_\_

Please list the steps the student and parent have taken to try and resolve the issue with the teacher (please attach any documentation, i.e. emails):

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**\*Please understand that in most cases the administrator will be speaking to the teacher about these concerns before a schedule change is finalized.**

## **COUNSELOR**

After completing this form, please submit this form to your counselor who will forward it on to the administration for final approval of the schedule change.

Is a schedule change feasible?

- ☐ Yes
- ☐ Yes, but there will be significant changes to the schedule
- ☐ No

What was the teacher's response to the proposed change? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Counselor Contacted Parent    Date: \_\_\_\_\_

Counselor Comment: \_\_\_\_\_

\_\_\_\_\_

Counselor Verification Signature: \_\_\_\_\_    Date: \_\_\_\_\_

## **ADMINISTRATOR**

Administrator Approval: \_\_\_\_\_    Date: \_\_\_\_\_

Administrator Comment: \_\_\_\_\_

\_\_\_\_\_