Teacher/Schedule Change Request Form

Oquirrh Hills Middle School

Schedule changes are only made in rare circumstances and are only considered after the following process has been completed.

Please understand the following:

- Schedule changes are encouraged to be done during the first week of each quarter. After that time, changes will be considered on a case-by-case basis.
- Schedule changes will not be made to accommodate lunch preferences or to be in classes with friends.
- Changing one class may affect many class periods in your schedule.
- Requests for specific teachers and/or class periods are not guaranteed.

Student Name: _____ Date: _____

Parent Signature: _____

Is your student on an IEP (Individualized Education Plan? Yes No

Change Requested: _____

Reason for the Request:_____

_____

PARENT

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):

_____

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***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: _____

_____