

**Form D**

*Wakulla County Schools*  
**PARENT REQUEST FOR ALTERNATE ASSIGNMENT**

**Directions for Use:**

**Parent submits this form to the student’s teacher as soon as the objection arises.  
Teacher shares form with principal and determines an alternate assignment that is equivalent to the original assignment. Principal approves assignment.  
A copy of the completed form is provided to the parent and principal. The teacher maintains the original.  
The completion and quality of the alternate assignment is the responsibility of the student, and the teacher will evaluate the assignment upon the same merits as the rest of the class is judged.**

Person (parent) Making Request: \_\_\_\_\_ Date \_\_\_\_\_

Student Impacted: \_\_\_\_\_ Teacher: \_\_\_\_\_

Title/Description of Instructional Material and Assignment: \_\_\_\_\_

Reason for Objection: \_\_\_\_\_

Date Received by Teacher/Principal: \_\_\_\_\_

Description of Alternate Assignment: \_\_\_\_\_

Due Date of Alternate Assignment (must allow same amount of time as original assignment) \_\_\_\_\_

Copy to parent, teacher, and principal. Teacher communicates and explains assignment to student.

FS 1006.28(1)(a)2