

West Irondequoit Central School District

Grade Modification Form

Please use this form to request modifications to student grades after the Grading Window for each marking period has closed. All information required by the form must be included. Grade modifications may be made only for legitimate reasons which must be indicated on this form.

Student: _____ Course: _____

Teacher: _____ School Year: _____ Marking Period: _____

I request that the student’s final grade for the marking period be changed:

From: _____ To: _____

Reason(s) for the change request:

Signed:

Teacher: _____

Principal: _____

Person Making Request (if not the teacher): _____

Date Submitted: _____

Date Modified: _____ Who Modified: _____

Return this form to the appropriate person for your building:

- IHS: Donna Hefner, Records Clerk
- Dake: Coralis Rivera-Laboy, Guidance Secretary
- Iroquois: Krystal Meier, Counseling Office
- Rogers: Diane Killigrew, Counseling Office
- K-6 Buildings: Diane Bretz, Computer Application Specialist