# International Baccalaureate Programme Course Change Request draft 03/02/22

Name:	
Student ID:	
Graduation Year:	

- IB Diploma
- Honors CCP
- DLP (DL Coordinator approval \_\_\_\_\_



Period: \_\_\_\_\_

**Policy Regarding an IB Schedule Changes:** When a student forecasts for an IB DP course, they are expected to complete the entire course, whether it is one or two years in duration. Some exceptions can be made on an individual basis and require the student to proceed through the IB course change request process

outlined below. If a student's request is approved, and the student has already registered for a May exam in that course, payment for that exam will be collected according to the financial agreement signed at the time of registration.

<b>IB DP Course and Level:</b>	

### **Change Requested**

Level change: to \_\_\_\_\_

Drop course

## THIS FORM MUST BE COMPLETED IN THE ORDER LISTED BELOW:

### 1. TEACHER/STUDENT SUCCESS PLAN

Student and teacher must meet, determine and document a plan for success, and sign below confirming their agreement. This step must be completed before proceeding with the Course Change Request (DLP exempt). The details of that plan are *below*:

Student Concern (can be filled out with support from Counselor or IB Coordinator):

Teacher Response:

Plan for Success: (What tactics will you both employ? What supports will you use? *Be specific here*.)

**Resources Available:** 

Teacher Signature:	Date:	Date of Success Plan Re-evaluation:
Student Signature:	Date:	Current Grade:

#### 2. TEACHER/STUDENT SUCCESS PLAN RE-EVALUATION

The student is unable to meet our plan for success (*see above*) **or** is unable to establish a plan for success for the following reason(s):

	Т	Teacher Signature:		Date:		Current Letter	Grade:		
	3. STUDENT/PARENT/GUARDIAN COMMUNICATION I have spoken with my student and I believe they are unable to continue in the IB class for the following reason(s): (please be specific; if no comments are made, the form will be returned to the student)								
	F	Parent/Guardian Signatu	ıre:		Da	ate:			
	4. S	Student needs	OR MEETING istered for May exam in a replacement class (re on track for a CCP		is mid-day)				
Note	es:								
		ordinator Signature:			Date:				
Note	S	STUDENT/PRINCIPAL ME							
		acted teacher <b>Franscript Grade <mark>(</mark>If past</b>		cted parent/guardian <mark>circle one)</mark> :	W/P	Contacted Control W/F	ordinator		
	F	Principal Signature:			Da	ate:			

Completed form will be submitted to the student's counselor by either the IB DP Coordinator or Principal and kept on file.