



TOCOI CREEK HIGH SCHOOL

Schedule Change Request Form

Student Name _____ ID number _____ Grade _____

Requested Course to Drop: _____, Requested Course to Add: _____

Current Grade in Course as of date of initial request: _____ Initial Date of Request: _____

Reason(s) for dropping the course: _____

Teacher Feedback is Required for All Schedule Changes

Step 1: Parent communication with teacher- Please date the type of communication that has occurred with when it occurred.

_____ Email(s)

_____ Phone Call(s)

The goal of the TCHS Student Services Department is for teachers, students, and parents to exhaust all options to help the student be successful in the existing schedule prior to requesting a schedule change.

Step 2: Parent/teacher conference

Date of meeting: _____

Topics discussed: _____

Plan of action for improvement:

_____ (attend Toro Time)

_____ (attend Tutoring)

Other plans:



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Step 3: If the student is continuing to struggle AFTER parent/teacher/student remediation plan is established. Turn in form to teacher for teacher feedback.

Teacher feedback on student's ability to be successful continuing in the current course (give form to teacher to complete): _____

_____ (teacher signature)

_____ (date)

Step 4: Teacher turns in form to your counselor for counselor feedback:

Counselor Feedback: _____

Additional Information:

Plans: _____ MTSS _____ 504 _____ IEP _____ ELL

Is this course a graduation requirement for a senior? _____ YES _____ NO

_____ Total number of absences

_____ Current grade in course at completion form

_____ Date counselor submitted form to admin.

- ☐ Approved
- ☐ Denied

Administrative signature _____