

GRADE RECONCILIATION

Date _____

Teacher Name _____

Student Name _____

Class _____

Period _____

Final Grade _____

For (circle one)

1st 2nd 3rd 4th 9 weeks*

or 1st Semester** _____

or 2nd Semester** _____

or Year-End Grade _____

*If you change a 9 weeks grade it may affect the semester grade.

**If you change a semester grade it may affect the final year end grade.

Reason for change _____ Teacher Error
 _____ Student Finished Assignments
 _____ Other Please Specify _____

Teacher Signature _____

Updated in TxEIS _____