

FBISD Level Change Request Form 2025-26

Name:	ID#
Counselor:	Grade:
Change From:	Change To:
Current Grade in Class:	
Reason for Change Request:	

Level down requests will be considered:

Fall Semester: between 9/03/2025-10/31/2025

Spring Semester: between 1/29/2026-3/31/2026

Teacher Section: The following must be completed for a student to request a level change

Student, parent, and teacher conference

- Date of conference: ____
- Teams: _____
- In Person: ____
- Phone call: ____
- Reviewed level change policy with parent and student: _____

Success plan

- Planned and communicated with student and parent on: _____
- First monitoring meeting: _____
- Second monitoring meeting: _____

Tutorials:

- Tutorial date 1: ____
- Tutorial date 2: ____
- Tutorial date 3: ____

Student has completed all assignments: ____

Counselor Section: The following must be completed for a student to be granted a level change

Is the student

SPED : YES/NO

- Meet with Case Manager
- Were all IEP accommodations and/or modifications followed

504: YES/NO

- Were all IEP accommodations and/or modifications followed

EB: YES/NO

- Meet with LPAC Administrator
- Were all linguistic accommodations followed

GT: YES/NO

- Meet with GT campus counselor or Secondary GT Program Manager (District)
- Will dropping the course cause a loss of GT services
- Does the student need to be furloughed?

Is the student on track to graduate without the course? YES/N

We understand that any course movement is binding for the semester, based on available space in classes, and that other class periods, teachers, and lunches may change in order to accommodate the level change request.

Student Signature:	Date:
Parent Signature:	Date:
Teacher Signature:	Date:
Department Head Signature:	Date:
Counselor Signature:	Date:
SPED Case Manager (if applicable):	Date:
LPAC Administrator (if applicable):	Date:
AP Signature	Date:
Scheduled Change Completed on:	