San Diego Unified School District
Course Competency Completion Form

Directions: This form or a similar site-developed form is to be completed by a teacher who has awarded an "IP" (In Progress) semester grade. The "IP" grade is assigned to provide the student with additional time to meet course proficiencies, which have not been satisfactorily completed at the end of the grading period. *At the time of awarding the "IP," the teacher must inform the parents of the student regarding a possible failing grade if the designated course proficiencies are not successfully completed.* A student has up to 12 weeks following the end of the term to complete the course competencies as prescribed by the teacher awarding the "IP." The original teacher will assign a final grade. In the absence of the original teacher, an appropriately credentialed staff member may assign the grade with approval from the Principal. An Official Form to Change "IP" Grade will be submitted to the school registrar, site tech, or administrator's designee when the final grade has been determined. The site administrator must provide final approval of the grade change.

School of Attendance:_____   School Year:_____

Student Name:_____ ID_____ Grade:_____ Class of:_____

Course Name and Number:_____ Original Grade Awarded: "IP"

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Competency #1:_____
_____
_____
_____
_____

Completed: Teacher Initials _____   Percentage of Successful Completion_____

Competency #2:_____
_____
_____
_____
_____

Completed: Teacher Initials _____   Percentage of Successful Completion_____

Competency #3:_____
_____
_____
_____
_____

Completed: Teacher Initials _____   Percentage of Successful Completion_____

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Competency #4:_____
_____
_____
_____
_____

Completed: Teacher Initials _____   Percentage of Successful Completion_____

Competency #5:_____
_____
_____
_____
_____

Completed: Teacher Initials _____   Percentage of Successful Completion_____

Competency #6:_____
_____
_____
_____
_____

Completed: Teacher Initials _____   Percentage of Successful Completion_____

Attach additional sheets as necessary.

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Student Name:_____ ID_____ Grade:_____ Class of:_____

Course Name:_____   Course Number:_____

Teacher Name:_____ Signature: _____

Date Submitted to Original Teacher:_____

Original Teacher Name:_____   Signature:_____

Grade Awarded Upon Completion of Work or Course Competencies: A   B   C   D   F

Note: The final grade must be submitted to the site tech, power user, registrar or administrator's designee by using the Official Grade Change Form, which requires the approval of a site administrator. This **Course Competency Completion Form** is an official document that must be stored in the student's cum folder, once the changed grade has been submitted using the **Official Form to Change "IP" Grade**.

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