

## CHANGE OF TEACHER REQUEST FORM

Please submit this sheet to Mrs Ivonne Medina at: [ivonne.medina@esperanzaelementary.org](mailto:ivonne.medina@esperanzaelementary.org)

A team of professional educators meets for hours in June to do student placement. The team includes a special education teacher, teachers, administrators, and office staff. The purpose of these meetings is to make sure that we diverse classrooms that include students from these specific groups of students: 1. Boys, 2. Girls 3. Academically advanced, 4. Special education 5. Special education students 6. Other groups of students. Once we build a schedule, we ask to give teachers an opportunity to meet with you and once that takes place and you still want to submit this request to me via e-mail.

Student's name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Current teacher's name: \_\_\_\_\_

Requested teacher's name: \_\_\_\_\_

Reasons for request:

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Have you discussed this change with your current teacher (Required)?

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Have you discussed this change with your requested teacher (Required)?

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**Completing this form does not guarantee that a class change will be made**