

Southern Lehigh High School

REQUEST FOR WAIVER OF COURSE RECOMMENDATION

Students are recommended for classes based on several factors, including but not limited to: success in prerequisite courses, performance on district and/or state standardized assessments, and teacher recommendations based on their knowledge of the curriculum and course expectations. Parents and students are encouraged to follow these recommendations. As a school, we believe that our placement system is designed to provide students with a developmentally appropriate educational plan that will individually challenge and hone the skills and intellect of our students. If the parents or student chooses not to accept the recommendation, **a contact must be initiated by the parent or student to the recommending teacher.**

Student Name (print): _____ Student ID #: _____

Course Being Requested: _____ Prerequisite Grade(s): _____

Prior Course Grade: _____ Testing Scores: _____

Course Recommended by School: _____

Reason for Requested Change: _____

Parent/Guardian: As the parent/guardian of the student named above, I request that he/she be permitted to take the course named above instead of the course recommended by the school.

- I understand that the school does not concur with my decision to waive the recommendation of Southern Lehigh High School.
- I understand that Honors/Advanced Placement courses are the most rigorous courses we offer to our students. These demanding courses require faster pacing, in-depth understanding of complex concepts, critical reading, writing, thinking, and analysis, and a commitment of significant time to the course outside of the class.
- I accept responsibility to support my child in meeting all course requirements and understand that neither the rigor nor the pace of the course will be adjusted to accommodate my son/daughter.
- I understand that the teacher is not expected to provide any additional assistance beyond what would be provided to any other recommended student in the class.
- I understand that, based on this request, my child may **NOT** change or drop this course once he/she is enrolled.
- I understand that placement in the desired course is possible **only if staffing, class size, and scheduling conditions allow.**

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Contact Phone Number: _____

Teacher: As the recommending teacher, I certify that I have talked to the student and parent/guardian to discuss my course recommendation. I have explained the concerns and challenges associated with not following my recommendation and moving to a more difficult class/phase. The concerns and challenges were discussed with the parent/guardian during one of the following:

Date(s): _____ (circle all that apply) Meeting Phone Email In writing

Teacher Signature: _____ Date: _____

Counselor: I am aware that the recommending teacher has discussed with the parent/guardian and student the concerns associated with not following the teacher recommendation. I have also talked with the parent/guardian and student to express my concerns with not following the teacher recommendation.

Counselor Signature: _____ Date: _____

NO SCHEDULE CHANGES WILL BE CONSIDERED UNTIL THE PARENT/GUARDIAN AND CHILD HAVE TALKED TO BOTH THE RECOMMENDING TEACHER AND COUNSELOR AND THIS FORM IS SUBMITTED. FORMS MUST BE SUBMITTED BY: August 1.