Student Name:	
Student ID#:Graduation	Year:
Course Recommendation Ov	<u>verride</u>
Deadline: March 1st, 202	20
Course placements are based on individual student achievement, test so placements are based on research; which supports specific course select rigorous academic program.	
Section 1: To be filled out by current, same-subject teacher and ret	turned to the student
Course Recommended for 2020-2021:	
Current Grade in 2019-2020 Same-Subject Course:	
Student/Teacher Meeting Date:	
Meeting Notes:	
Section 2: To be filled out by a parent after the student has a conve	ersation with their teacher
I understand that my student was not recommended for the	
school year (initials)	
I had a conversation(email/phone/in-person) on	(date) with the current course
teacher regarding my student's course recommendation.	
Section 3: To be filled out if you want to override the recommendate	*
I wish to override the teacher recommendation and have my student	
Course to be Scheduled for 2020-2021:	9. B
Parent Signature:	Date:
Teacher Signature:	Date:
Confirm Parent/Teacher Meeting Date:	
Counselor Initials Date Receiv	us d/Dus seesed