



Duncanville High School

900 West Camp Wisdom Road
 Duncanville, Texas 75116
 972-708-3700

				DATE			
STUDENT INFORMATION							
ID#	LAST NAME	FIRST NAME	GRADE LEVEL				
			9	10	11	12	
PARENT(S) NAME		MAIN PHONE		ALTERNATE PHONE			
COURSE INFORMATION							
WHICH COURSE ARE YOU REQUESTING TO BE REMOVED FROM?				TEACHER		PERIOD	
REASON FOR REQUEST							
PLEASE UNDERSTAND THAT ONCE YOU HAVE CHOSEN TO BE REMOVED FROM AN AP COURSE, YOU WILL <u>NOT</u> BE ABLE TO SELF-SELECT THAT COURSE AGAIN UNTIL THE BEGINNING OF THE FOLLOWING SCHOOL YEAR. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR COUNSELOR.							
* If you exit an AP class, you lose your UIL eligibility waiver in that subject.							
* The semester average for that course will be calculated based on the scale in the class where the final exam is taken.							
* Transferred grades are <u>not</u> pro-rated.							
Student's Signature				Parent's Signature			
Date				Date			
RETURN THIS COMPLETED, SIGNED FORM TO MONICA SMITH, ASSOCIATE FOR C&I.							
FOR OFFICE USE ONLY							
Counselor's Name							
Counselor Checklist				Action Taken			
Teacher Input							
Current Report Card				Continue in Advanced Academics Course			
Last Progress Report (if applicable)							
Previous Year's STAAR Results							
Student's Schedule				Remove from Advanced Academics Course			
Transcript							
Committee Signatures							
Role	Signature and Date		Role	Signature & Date			
Assigned Counselor			Associate for C&I				
Lead Counselor			Parent/Guardian				
Teacher of Record			Student				
Committee Member			Committee Member				
Committee Member			Committee Member				

A written decision will be rendered within 5 school days from the date of the committee meeting.



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Yes or No	Indicators for Teacher Input
	Does the student submit all daily work?
	Is the student attentive in class?
	Has the student come in for additional assistance before/after school? (Often, Seldom, No at all)
	Have you been in contact with the student's parent(s)?
	Does the student need additional explanation to grasp concepts in your class?
	Are low score a problem for this student?
	In your professional opinion, does this student lack the background/ability to be successful in your class?
	After reviewing the attached documents from the placement checklist, do you feel that this student is obviously academically misplaced?

Please return this form to _____ (Counselor)
 by _____ and indicate your ability to attend the Academic Appeal Meeting
 scheduled for _____ in _____.

TEACHER'S NAME	TEACHER'S SIGNATURE	DATE	ABLE TO ATTEND MEETING?

Tia N. Locke-Simmons – Executive Principal

Monica Smith – Associate Principal for Curriculum & Instruction

Shannon Bennett.– Associate Principal for Operations & Administration