

*SOMERS CENTRAL SCHOOL DISTRICT*

**Academic Advising Form**

**This form is required when a student's requested course level is higher than the advised level. With parental consent, students may choose to challenge a higher level course. This is not intended to discourage challenging higher levels, nor to serve as a predictor of future growth. The intent of this form is to ensure clear school to home communication, allowing for more informed decisions regarding course level selection for the next school year. This form must be completed in the order presented below.**

**TO THE TEACHER:**

Given \_\_\_\_\_'s progress in my \_\_\_\_\_ class,  
(student's name) (current course name/ level)  
and taking into account curriculum requirements, I consider \_\_\_\_\_  
to be the most appropriate academic placement in this subject area next year.

**Academic habits that are in need of further development:**  Independent learning  Consistent completion of assignments  Application of course content to new problems  Other (see notes below)

Student's current course average: \_\_\_\_\_ Additional notes: \_\_\_\_\_

**Teacher signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**TO THE STUDENT: (only if seeking a level other than advised above)**

I have read and understand the above teacher assessment. I have also discussed this level change with my counselor and my parent(s)/guardian(s), and would prefer to enroll in \_\_\_\_\_.

**Student self-assessment check list (check those that apply):**  I read independently  I consistently complete my assignments on time  I am comfortable learning independently of direct teacher instruction  I believe my extra-curricular commitments will not conflict with these course requirements  I believe my total course load will not conflict with these course requirements  I understand that earning high marks in this course will require routine practice and management of this check list.

**Additional student comments:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Counselor signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**This completed form must be returned to the school counselor for the above changes to take effect. In completing this form, students and parents are also acknowledging awareness of potential schedule change conflicts in the following school year, as well as the course withdrawal transcript practice that can be referenced on the SHS Guidance and Counseling web page.**

**Date of input of change (noted by counselor):** \_\_\_\_\_