SOMERS CENTRAL SCHOOL DISTRICT

SMS 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 challenge a higher-level course. This is not intended to discourage challenging higher levels, nor to serve as a predictor of future growth or achievement. The intent of this form is to ensure clear school-to-home communication, allowing for more informed decisions regarding course level selection. This form must be completed in the order presented below.

I. Guardian completes:

Child's Name: _____ Date: _____

Guardian's Name: _____ Guardian's Phone: _____

My child was recommended for: _____ Course we are requesting: _____

☐ *My child and I have reviewed his/her posted rubric scores and understand that their total score meets the school's criteria for the level recommended.*

☐ *I have reached out to my child's teacher for greater clarity about this placement request prior to submitting this form.*

Additional parent/guardian comments: _____

_____

Parent/Guardian Signature: _____ Date: _____

II. Student completes and delivers to teacher:

Student self-assessment check list (check those that apply): ☐ *I read independently* ☐ *I consistently complete my assignments on time* ☐ *I believe my extra-curricular commitments will not conflict with these course requirements* ☐ *I understand that I may not earn as high marks as I am accustomed to in this course level without routine practice and management of this checklist* ☐ (For students requesting to move from Math 7 to Algebra) *I am aware that I may need to learn some missed content independent of class time*

Please note any additional evidence of your readiness for this course level: _____

_____

Student signature: _____ Date: _____

III. Teacher acknowledgment: *(Please give form to grade level counselor after completing)*

☐ *I have communicated with the student and parent/guardian about this placement request prior to signing this form.*

Teacher Signature: _____ Date: _____

IV. Counselor acknowledgment: *(Please give form to administration after completing)*

☐ *I have additional concerns that I have communicated with the student and parent/guardian.* ☐ *I have no additional concerns*

Counselor Signature: _____ Date: _____

V. Administrator acknowledgment:

☐ *I have communicated with the parent/guardian about this placement request prior to approving this request.*

Administrator Signature: _____ Date: _____

This completed form must be returned to the counselor for an approved change to take effect.
Date of input of change (noted by counselor): _____