

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 (1-5).**

1) STUDENT SECTION: (To be hand delivered to teacher)

Student name: _____ Teacher: _____

Recommended course: _____ Requested course: _____

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 have a consistent record of attendance and rarely miss direct class instructional time ☐ 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

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

2) TEACHER SECTION: (To be returned to student)

Based on objective evidence presented in your class to date, the student's self-assessment provided is:

☐ accurate ☐ partially accurate ☐ not accurate

Areas in need of further development: ☐ Content mastery ☐ Independent learning ☐ Consistent completion of assignments ☐ Application of course content to new problems ☐ Class attendance ☐ Other (see notes below)

Student's assessment average: _____ Teacher notes to support recommendation: _____

☐ In lieu of the above notes, I will communicate with a parent or guardian via email or phone call.

Teacher signature: _____ Date: _____

3) COUNSELOR SECTION: (To be returned to student)

I have reviewed potential challenges presented with this request with the student, considering current and prior work in this subject area, and in the context of the overall academic program and any extra-curricular commitments.

Notes: _____

☐ In lieu of the above notes, I will communicate with a parent or guardian via email or phone call.

Counselor signature: _____ Date: _____

(See reverse side for student and parent acknowledgement.)

4) STUDENT SIGNATURE:

I have read and understand the teacher assessment and counselor notes related to this change request and understand the potential challenges.

Student notes: _____

Student signature: _____ Date: _____

5) PARENT SIGNATURE:

I have reviewed with my child the course level request above and the related input provided by the school. I understand the potential challenges and approve of this request.

Parent notes: _____

Parent signature: _____ Date: _____

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): _____