

Plainview-Old Bethpage John F. Kennedy High School
50 KENNEDY DRIVE PLAINVIEW, NY 11803
GUIDANCE OFFICE: 516-434-3150 FAX: 516-937-6384

SELF SELECTION FORM

STUDENT: _____ GRADE: _____

PLEASE LIST YOUR CURRENT COURSE: _____

PLEASE LIST THE COURSE YOU WOULD LIKE TO SELECT: _____

PLEASE LIST THE COURSE YOUR TEACHER RECOMMENDED: _____

WITH OPEN ENROLLMENT FOR CLASSES AT PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT, ALL STUDENTS HAVE THE OPPORTUNITY TO CHALLENGE THEMSELVES INTELLECTUALLY AND SELF-SELECT FOR A COURSE WHICH THEY MAY NOT HAVE BEEN RECOMMENDED FOR. AS PART OF THE SELF-SELECTION PROCESS, YOU ARE REQUIRED TO MEET WITH YOUR SCHOOL COUNSELOR, AS WELL AS THE DEPARTMENT COORDINATOR/CHAIRPERSON/DIRECTOR, (IN THAT ORDER) REGARDING THE COURSE YOU WISH TO TAKE. AT THESE MEETINGS YOUR COUNSELOR AND THE DEPARTMENT DIRECTOR/CHAIRPERSON WILL LISTEN CAREFULLY TO YOUR VIEWS. THEY WILL ALSO HELP YOU UNDERSTAND THE DEMANDS OF THE COURSE SO YOU ARE ABLE TO MAKE A WELL-INFORMED DECISION REGARDING YOUR ENTIRE SCHEDULE. THIS FORM MUST BE COMPLETED AND RETURNED TO THE APPROPRIATE GUIDANCE COUNSELOR BY MARCH 1.

FOR THE COUNSELOR:

1. COUNSELOR NAME: _____ NUMBER OF SELF-SELECTIONS REQUESTED: _____

ENGLISH PLACEMENT: _____ ASSESSMENT DATA: _____

ADDITIONAL COMMENTS: _____

COUNSELOR SIGNATURE: _____ DATE: _____

FOR THE CHAIRPERSON/DIRECTOR:

2. COORDINATOR/CHAIRPERSON/DIRECTOR'S NAME: _____ COMMENTS: _____

COORDINATOR/CHAIRPERSON/DIRECTOR'S SIGNATURE: _____ DATE: _____

FOR THE PARENT/GUARDIAN:

3. PARENT/GUARDIAN:

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT THE APPROPRIATE TEACHER, DEPARTMENT COORDINATOR/CHAIRPERSON/DIRECTOR AND/OR YOUR STUDENT'S SCHOOL COUNSELOR AT 516-434-3150 *BEFORE YOU SIGN.*

I SUPPORT MY CHILD'S DECISION TO SELF-SELECT AND UNDERSTAND ONCE ENROLLED IN THIS COURSE THERE IS NO ASSURANCE THAT A REQUEST FOR A LEVEL CHANGE CAN BE ACCOMMODATED. LEVEL CHANGES WILL ONLY BE MADE BY TRANSFERRING INTO THE APPROPRIATE CLASS SECTION WITH THE LOWEST CLASS SIZE, REGARDLESS OF THE IMPACT ON MY CHILD'S SCHEDULE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR THE STUDENT:

4. ***I UNDERSTAND THE REQUIREMENTS OF THE ABOVE-NAMED COURSE AND WOULD LIKE TO SELF-SELECT IT. I ALSO UNDERSTAND THAT ONCE I AM ENROLLED IN THIS COURSE THERE IS NO ASSURANCE THAT A REQUEST FOR A LEVEL CHANGE CAN BE ACCOMMODATED. LEVEL CHANGES WILL ONLY BE MADE BY TRANSFERRING INTO THE APPROPRIATE CLASS SECTION WITH THE LOWEST CLASS SIZE, REGARDLESS OF THE IMPACT ON MY SCHEDULE.***

STUDENT SIGNATURE: _____ DATE: _____

DEPARTMENT SUPERVISOR CONTACT INFORMATION

DEPARTMENT	SUPERVISOR NAME	EMAIL CONTACT	PHONE EXTENSION
ART	DR. BEN WILEY	BWILEY@POBSCHOOLS.ORG	3148
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ENGLISH	MR. JEFFREY YAGALOFF	JYAGALOFF@POBSCHOOLS.ORG	3185
FAMILY & CONSUMER SCIENCE	MR. THOMAS SCHWARTZ	TSCHWARTZ@POBSCHOOLS.ORG	3134
MATHEMATICS	MRS. REGINA LEE	REGLEE@POBSCHOOLS.ORG	3197
MUSIC	MR. MICHAEL RODGERS	MRODGERS@POBSCHOOLS.ORG	3283
SCIENCE, RESEARCH & TECHNOLOGY	MRS. DAME FORBES	DFORBES@POBSCHOOLS.ORG	3191
SOCIAL STUDIES AND BUSINESS	MS. MARIA CARNESI	MCARNESI@POBSCHOOLS.ORG	3203
SPECIAL EDUCATION	MRS. SANDRA PARMENTIER	SPARMENTIER@POBSCHOOLS.ORG	3020
WORLD LANGUAGE & ENL	MR. LEO RIVERA	LRIVERA@POBSCHOOLS.ORG	3179