

BERLIN HIGH SCHOOL
PETITION TO OVERRIDE A TEACHER RECOMMENDATION

Student Name: _____

Grade: _____

Berlin High School supports students interested in further challenging themselves in their academic pursuits. Therefore, if students choose to enroll in a course other than the one recommended, the student and parent are required to fill out an override form.

It is very important to consider the teacher's professional judgment in recommending a course and level is based upon: ***Daily Performance in class, Mid-year exams, NWEA benchmarks, Rigor of courses, Reading/Writing ability, and Content of courses.*** The teacher's recommendation is developed with the best interest of the student in mind. Experience has shown that these recommendations accurately reflect student success. ***Additionally, teachers have made these recommendations to help students meet with success on national standardized testing requirements in order to graduate.***

The final decision to override remains with the parent and student. **We encourage that a consultation takes place between the parent, student, and teacher. If the student does not have a current teacher in the subject, consultation can take place with the department chair of that subject.** If you wish to override a recommendation, the following criteria must be met:

- A packet of information/assignments, as it relates to the newly requested course, may be given to the student from the department teacher in June prior to the start of the actual course and must be completed over the summer.
- The packet of information will provide the student with what he/she will be expected to know in order to achieve success in the newly requested course.
- Once the school year begins, teachers of the newly requested course **will not be expected to reteach** material that the student is not sure of during class. The student will be expected to maintain the faster pace of the newly requested course.
- Students must agree to seek after school assistance, tutoring, and participate in study groups as needed to meet with success in the course.

Recommended Course	Requested Course

I understand my decision on the newly requested course listed above is/are not in agreement with the teacher recommendation and I understand that I will be held accountable to the override criteria; however, I request this change be made.

Date: _____

Parent Signature: _____

Student Signature: _____

Return this form to the Guidance Office No later than April 10, 2015.
Override Forms WILL NOT BE accepted after this date.
Changes will be made according to availability of space in the course requested.