

Recommendation Override Form



Dear Parents/Guardian:

Your child, _____, is requesting enrollment in _____ . It is our professional opinion that such a placement could be detrimental to his/her academic growth. According to the data we have on your child's progress, we recommend that he/she be placed in _____ .

Please be advised that if you choose to overlook this professional recommendation and place your child in a class that we determined may be an inappropriate placement, then you accept the responsibility for your child's achievement in this class. This placement is not a trial basis, and future schedule changes may not be possible due to class loads, state policies, and schedule conflicts. At the high school level, this may impact the overall Grade Point Average and cause a credit deficit.

Teacher Signature

Date

Administrator Signature

Date

Please sign and return:

Student Name: _____ ID Num: _____

Student Signature: _____ Date: _____

This waiver acknowledges that the professional staff involved with your child does not recommend the placement you are requesting and that you understand that we are making this academic accommodation at your request.

I want my child to be enrolled in the following course: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____