

**Southington High School
Course Level Change Request**

Student Name: _____ Student Number: _____

We request that our daughter/son be enrolled in the following course level:

Course	New Requested Level

Parent- Please read and initial each item below:

_____ Placement in this course level is contrary to the recommendation of your daughter/son's teacher and/or counselor.

_____ Enrollment in this course level may not provide an appropriate academic challenge for your daughter/son.

_____ Due to scheduling, it may not be possible to change your daughter/son's schedule to the originally recommended course level during the school year.

_____ **To request a level change back to the original recommended course, she/he must demonstrate that she/he has accessed all of the appropriate resources offered at SHS. (Math Lab, after school appointments with the teacher, National Honor Society Tutor, etc.)**

Contact by phone or email with your daughter/son's current SHS teacher regarding the original course recommendation occurred on:

Teacher Signature	Subject	Date of Parent Contact

****Teacher signature doesn't confirm agreement of the change, but confirms the parent and teacher communicated about concerns and reasons for the original recommendation.***

Parent/Guardian Signature

Student Signature

Teacher Signature

School Counselor

Counseling office use only:

Date Received: _____

Change Request Made in PowerScheduler: _____ Date Logged: _____