

**WALLINGFORD PUBLIC SCHOOLS**  
**Course Level Change Override Form**

**To Parents/Guardians:** Appropriate placement in courses is one factor that contributes to academic success. Course level recommendations are based on a variety of criteria: ability, previous academic performance, social and emotional development, etc. Although not foolproof, teacher recommendations have proven to be the most accurate predictor of student success. Placement in certain courses from 8th to 9th grade is determined by strict criteria. Please refer to the high school counseling website to see specific criteria.

*In the event you do not agree with your child's course level recommendation, we encourage you to communicate directly with the current teacher to address concerns and/or questions.* After speaking with the teacher, you may then request a conference with the appropriate department chairperson, liaison, subject area coordinator or administrator if you continue to disagree with the recommendation. Please complete the information requested below *and* return the completed form to the Sheehan School Counseling Office. **Please note:** One (1) course level change request per form.

**SECTION I: Initial request to be completed by PARENT/GUARDIAN and returned to your child's current school counseling office.**

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Recommended Course Name & Level: \_\_\_\_\_

Requested Course Name & Level: \_\_\_\_\_

Rationale/Justification for the Change:

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chairperson/Liaison/Subject Area Coordinator/Administrator please complete below:**

Form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson/Liaison/Subject Area Coordinator Comments:

Meeting Date with Parent/Guardian and Student to discuss level change: \_\_\_\_\_

Persons in attendance at the meeting: \_\_\_\_\_

After careful consideration, it is my decision to:

- Not Change the Course Level
- Approve the Course Level Change from \_\_\_\_\_ to \_\_\_\_\_.

Department Chairperson/Liaison/Subject Area Coordinator/Administrator Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: To be completed by PARENT/GUARDIAN if *not* in agreement with the representative from WPS recommendation for placement.**

I am requesting my child be placed in an alternative level than recommended by WPS school personnel. I understand that my decision to place my child at this level is not in agreement with the WPS representative. Further, I accept that my child will remain in the course level requested even if they are experiencing difficulties.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the School Counseling Office office as soon as possible but no later than March 26th.

Date received by WPS personnel: \_\_\_\_\_