

## RECOMMENDATION APPEAL

Instructors carefully and thoughtfully make recommendations based on experience, training and understanding of student development. Our hope is to place students where they will experience the optimum level of challenge and success. The student's current level of motivation, class participation, and academic accomplishment achieved this year was weighed carefully before the recommendation was made.

**Recommended** students for Honors/Advanced Placement classes will be given priority if space is limited. Appeals must be submitted to your current teacher **BEFORE March 11th**. Appeals **will not** be accepted after that date.

### **TO BE COMPLETED BY THE STUDENT**

Your Name \_\_\_\_\_

Recommended Course \_\_\_\_\_ Requested Course \_\_\_\_\_

1. Reason for appeal: (Specific and well-formed responses are more persuasive.)

2. Meet with your current teacher **BEFORE March 11th** to discuss your appeal **face to face** and **leave this form with him/her**.

### **TO BE COMPLETED BY THE CURRENT TEACHER** (and returned to the counselor **by the teacher BEFORE March 18th**)

After explaining the reasons for the original recommendations and hearing the student's appeal, I

\_\_\_ Support his/her appeal

\_\_\_ Support his/her appeal with reservation

\_\_\_ Do not support his/her appeal

**Notes:**

Teacher \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY COUNSELOR**

Date of student/counselor conversation \_\_\_\_\_

Summary of conversation:

Counselor \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY ASSISTANT PRINCIPAL**

\_\_\_\_ Appeal Approved

\_\_\_\_ Appeal Not Approved

Notes:

Once an appeal has been approved, the student and his/her parents understand that the student will not be permitted to drop the course.

\_\_\_\_\_ Student Signature  
Date Parent Signature Date

\_\_\_\_\_ Assistant Principal Date Rec'd