

## Course Override Form 2011-2012

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Counselor: \_\_\_\_\_ X-Block Room: \_\_\_\_\_

My son/daughter has been recommended by his/her teacher for placement in:

\_\_\_\_\_  
course title and level

I understand that this recommendation is based on my son/daughter's achievement during the current academic year. However, I am requesting that he/she instead be placed in:

\_\_\_\_\_  
course title and level

I understand that he/she may encounter difficulty in the above course, but we are making this request for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that this request cannot be processed by the guidance counselor until I have met with the teacher and the department chair. I understand that the department chair must sign this form prior to making any change. I will contact the school at 781-326-4773 or email the department chair to schedule a meeting.**

**If my son/daughter has an IEP, I will contact the special education liaison to discuss this request prior to submitting this form. I will contact the special education office at 781-326-5622 or by emailing the liaison if necessary.**

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
please print

### Department Chairs

English: Dr. Laflamme \_\_ Math: Mr. Hickey \_\_  
Science: Ms. Louise Young \_\_ Social Studies: Mr. Morton \_\_  
Language: Mrs. Bradley \_\_ Special Education: Mrs. Carberry \_\_ Other: \_\_\_\_

Meeting Date \_\_\_\_\_  
Summary/Action to be Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
please print

Date: \_\_\_\_\_ **\*Department chair will forward completed form to guidance.**