



High School Course Placement Review Form

Student Name (Last name, First name): _____ **Date:** _____

It is the goal of the Howard County Public School System to prepare students for lifelong learning by taking the most challenging courses in which they can be successful. Teacher recommendations are based on multiple criteria: classroom performance, student’s expressed interest, student attendance and results on standardized measures.

This section is for a parent/guardian requesting a course placement different from a teacher’s recommendation.

- It is suggested that the student and parent have a conversation with the current teacher about the course recommendation so there is an understanding of the rationale behind the teacher recommendation.
- Further information on courses and curriculum expectations can be found in the high school catalog (<http://www.hcpss.org/academics/approved-courses/>). After reviewing this information, consultation with the appropriate Instructional Team Leader is an option.
- Students and parents must understand that it may not be possible to transfer out of the course due to scheduling limitations. In addition, note that level changes will only be permitted in accordance with Policy 8020. For further information please refer to [Policy 8020](#).
- The Course Placement Review request must be submitted electronically by January 16, 2024. Requests received by this date will be given priority. Requests received after this date will be accommodated if space is available.

| Teacher Recommendation | | Parent/Guardian Request | | |
|---------------------------|--------------------------|-------------------------|-------------|--------------------|
| Recommended Course Number | Recommended Course Title | Course Number | Course Name | *Prerequisite Met? |
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*If the prerequisite has not been met, the student cannot be registered for the course.

As a parent, I will monitor my child’s progress in the class to make certain it remains appropriate. I am aware that it may not be possible to transfer out of the course due to scheduling limitations. I understand that level changes will only be permitted in accordance with Policy 8020.

Student signature: _____

Parent signature: _____

Administrator signature: _____