

**Albemarle County Public Schools
School Counseling Department
Western Albemarle High School**

Parent Request to Override Teacher Recommendation

I request that my student, _____ be placed in
_____ for the _____ school year. I
understand this overrides the teacher recommendation of _____.

While we encourage students to stretch to their full potential, staffing and scheduling are based on the spring course requests. Therefore, if a change to a lower level is requested at a later date, I understand a seat may not be available. By signing this request, I agree that my student will remain in this course and be expected to continue to meet all course requirements and expectations.

Teacher's Rationale for Original Recommendation:	
Teacher Signature _____	Date: _____
***** OR *****	
<input type="checkbox"/> As a result of recent work, I have decided to change my recommendation and this student no longer requires an override from me.	
Teacher Signature: _____	Date: _____

I have read and understand the rationale behind the teacher recommendation and wish to proceed with the override.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Counseling Director: _____ Date: _____