CENTENNIAL HIGH SCHOOL
PLACEMENT RECOMMENDATION REQUEST

Date: _____   School Year: _____

This placement request is for a recommendation, a schedule change and/or for the purpose of proper placement of:

Student Name: _____ I.D. #_____ Grade: 9   10   11   12

Recommending Teacher: _____ Dept: _____ Room:_____

SCHEDULE CHANGE FROM PRESENT COURSE: _____ Period: _____

TO NEW COURSE: _____ Period: _____

REASON FOR REQUEST: _____

REQUEST TO BE EFFECTIVE:

[ ] **IMMEDIATELY** AND/OR **ASAP**   [ ] on ___/___/___   [ ] ____Quarter, 200____   [ ] Fall/Spring Semester 200____

Refer to those areas marked below for placement data about this student's performance. Your evaluation of this student serves to support that this recommendation is being made in his/her best interests (check all areas that apply):

[ ]	Academic ability and/or potential:	Superior	Strong	Average	Poor
[ ]	Attitude/behavior/motivation:	Superior	Strong	Average	Poor
[ ]	Test Performance and/or scores:	Superior	Strong	Average	Poor
[ ]	Attendance:	Superior	Strong	Average	Poor
[ ]	Writing Skills are:	Superior	Strong	Average	Poor
[ ]	Analytical Skills are:	Superior	Strong	Average	Poor
[ ]	Speaking/Listening Skills are:	Superior	Strong	Average	Poor
[ ]	Reading Skills are:	Superior	Strong	Average	Poor
[ ]	Independent Learning Skills/needs supervision:	Constantly	Sometimes	Rarely	Never

ATHLETICS/P.E: This student   [ ] has   /   [ ] has not completed athletic clearance paperwork.

Sport: _____ Coach: _____ Phone Ext_____

SCHOOL SERVICE: Preferred Assignment_____

Counselor: _____ GPA _____ Attendance_____

LAB ASSISTANT for _____**Department with**_____**(teacher).**

Counselor:_____ GPA_____ Attendance_____

This form is initiated by the   [ ] Student;   [ ] Teacher;   [ ] Parent;   [ ] Other:_____

- I discussed the rationale behind this recommendation directly with the student and he/she:
  [ ] is in agreement   /   [ ] is not in agreement with this decision.

  Signature of student: _____ Date: ___/___/___

- I discussed the rationale behind this recommendation directly with the parent/guardian
  [ ] by telephone   /   [ ] in person and he/she does   /   does not support this recommendation

  Signature of parent/guardian: _____ Date: ___/___/___

- **Signature of person making this recommendation** _____ **Date:.**___/___/___

White – Counselor   Yellow – Teacher