



Manheim Township Middle School Counseling Department

Request to Reconsider Teacher Recommendation

Please use this form when a student would like the school to reconsider the course selection recommendation of a teacher. This form will be shared with the teacher for the content area in question. The teacher will be in contact with the parent/guardian to discuss the recommendation and to determine which course the student should be placed in.

Please fill out one copy of this form for each course recommendation you would like to have reconsidered. The completed copies should be dropped off or mailed to the middle school office. A marked box will be placed in the middle school office for the recommendation forms.

Student Name: _____

Student Grade Level: _____

Parent(s) Name: _____

Parent(s) Home Phone: _____

Parent(s) e-mail address: _____

Parent(s) Cell/Work Phone: _____

Student's Current Teacher: _____

My student was recommended for the following course: _____

I would like the recommendation to be reconsidered so that my student can take: _____

Please provide a brief rationale for why you would like the recommendation to be reconsidered:

Parent Signature: _____ Date: _____

District Use Only

Date and time of phone/e-mail contact: _____ Teacher Signature: _____

Brief summary of conversation/dialogue:

Decision:

- Student will remain in recommended class.
 Student's course selection should be changed to _____