



Manheim Township High 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 and/or Curriculum Consultant for the content area in question. The teacher or consultant will be in contact with the parent/guardian to discuss the recommendation and to determine in which course the student should be placed.

Please complete one copy of this form for each course recommendation you would like to have reconsidered. Completed forms should be dropped off or mailed to the high school office for students in grades 9-11 and must be received by the last day of the student course selection window in March. Due to course availability, forms received after this date may not be honored and NO FORMS WILL BE ACCEPTED AFTER THE ADD/DROP PERIOD.

Student Name: _____

Current 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: _____ Consultant Signature: _____

Brief summary of conversation/dialogue:

Decision:

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