

**COURSE SELECTION LEVEL OVERRIDE REQUEST FORM**  
**Summer 2022**

If a student has a request for a course selection level override during the summer, this form needs to be completed and returned to the SHS counseling office. **Email requests without a completed form will NOT be accepted.**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I would like to request a Level Override.**

**From** Course/Level: \_\_\_\_\_ **To** Course/Level: \_\_\_\_\_

**Reason for request (Be specific):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Changes are not final until all signatures are collected.*

**1. Student Signature:**

Signature: \_\_\_\_\_

**4. Parent:** I have discussed the override with the teacher and read the comments above.

Signature: \_\_\_\_\_

At Simsbury High School, we support all students seeking a rigorous curriculum. We understand that academic challenge is important. Although we will do our best to accommodate students' needs, we also want parties to be aware of possible implications for overriding a teacher's recommendation. Implications may include gaps in content, and/or skills, as well as later difficulty in changing an individual's schedule if the override proves too challenging. As always, our school counselors are here to answer your family's questions or concerns.

**Please note that once the school year begins, level changes may only be made one week during the middle of the first marking period and one week at the conclusion of the first marking period.**

I have read the above and would like to authorize the class override.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_