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.

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<th>Teacher's Rationale for Original Recommendation:</th>
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**Teacher Signature** ____________________________ **Date:** __________

*OR*

*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:** __________