

WHITTIER REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

Course Override Form

STUDENT NAME:	DATE OF REQUEST:
I would like the opportunity to takethough I do not meet the prerequisite grade.	instead of even
STEP 1: SCHOOL COUNSELOR SIGNATURE:	I have discussed this with my School counselor
(School Counselor's Printed Name)	(School Counselor's Signature)
STEP 2: CURRENT TEACHER SIGNATURE: I	have discussed this with my current teacher
(Current Teacher's Printed Name)	(Current Teacher's Signature)
Student's Current Course Cumulative Numeric Gr Teacher Rationale, Comments, or concerns (Required)	ade (required) Recommended Not Recommended _
	fully understand that once I begin this class on the first ted to drop down a level and that I must remain in this ated on my Individualized Education Plan.
(Student Signature)	(Date)
(Parent Signature)	(Date)

STEP 4: COORDINATOR OF DATA AND ASSESSMENT SIGNATURE: Students should submit this form to the Coordinator of Data and Assessment, Ms. Jensen in room 3118, no later than June 15. The Coordinator of Data and Assessment will review course space, student's grade(s), consider the request and return the form to the student. If the form is approved, return to the School Counselor.		
(Coor. Data& Assessment's Printed Name)	(Coor. Data & Assessment's Signature)	
Recommended Not Recommended		
Rationale, Comments, or concerns (Optional)		
STEP 5: FORM SUBMITTED TO School COUNSEL should return this approved form to their School counsels		
(School Counselor's Printed Name)	(School Counselor's Signature)	
STEP 6: SCHEDULE UPDATED: The School couns this override form information.	elor will update the student's course based on	
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this override form information.		