

ECAP (Educational Career Action Plan)
RECOMMENDATION for PLACEMENT CHANGE FORM

Please complete the following application (including all required signatures) in sequential order and return to your Counselor promptly.

Student Name: _____ Grade: _____

Student Cell phone: _____ Counselor: _____

Current Course: _____ Current Teacher Name: _____

This student has requested placement the following Honors Course _____.

Step 1 - To be completed by the student

Student's Reason for Request:

I have done the following to insure my success in my current class. Check all that apply

- _____ I have completed and turned in homework assignments regularly.
- _____ I have worked with my present teacher for extra help.
- _____ I have not missed class unnecessarily or have unexcused absences.
- _____ I have taken all needed materials to class regularly - book, paper, pen/pencil, and notebook.

(Student Signature) _____ (Date) _____

Step 2 - To be completed by the student's current teacher

Check all that apply.

- _____ I agree with the student's checklist.
- _____ I agree with the change request.
- _____ I have discussed the request with the student's parent/guardian.
- _____ Date of phone conversation _____

I, the teacher, believe that given the student's current standing in my course they demonstrate the maturity, study skills and can handle the level of rigor of an honors course. I have discussed with the student the challenge and expectation for this level. By signing below, I recommend this student for a change in placement.

(Teacher Signature) _____ (Date) _____

Step 3 - To be completed by the parent/guardian

We agree to the change in placement on future course scheduling in the following school year (s). We understand the expectations and level of rigor of this course(s) and that this is a commitment we do not take lightly. We understand that by submitting this completed application that the student named above is expected to follow through with the demands and take the steps necessary to be successful in the program." ***Requesting a course change does not guarantee placement in the class. Please FOLLOW your current schedule until your request has been approved.*

(Parent/Guardian Signature) _____ (Date) _____

(Counselor Signature) _____ (Date) _____

Approved Denied _____

Office Use: Schedule changed on _____ Note in Synergy _____ Updated ECAP _____