



# EHS Level Change Request Form

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Current Class \_\_\_\_\_ Requested Class \_\_\_\_\_

Grade Level \_\_\_\_\_ Current Grade in the Class \_\_\_\_\_ Missed Class Periods (Dates) \_\_\_\_\_

Number of Missing Assignments/Quizzes/Tests \_\_\_\_\_

**Process: If a student requests to change out of an AP/Honors course, the student must complete the full first six weeks, document that the minimum required three supports were used, and have a 65% or below. The first six weeks grade from the current class will be carried into the requested class. Any request made after the first six weeks requires completion of this process/form, and will occur at the end of the semester.**

1. Try current class for the first six week grading period.
2. Talk with guardians, teacher and EHS counselor.
3. Use and document the three supports described below. Parent/Teacher must verify by signing below.
4. Fill out form and return to your EHS counselor at the end of the six weeks.
5. Pending request approval, current grade will transfer to a new class. Does not apply to changing levels at semester.

**SUPPORTS:** Please, document your use of these supports (date, time, teacher, etc.).

1. **ADVISEMENT**-Attend Advisement to get help from the teacher of the current class. Use Advisement Form to document how you used your time. (Please, submit Advisement Form with this EHS Level Change Request Form).

2. **CLASSROOM LEVEL INTERVENTION(S):** Please, work with your teacher and try at least two of the interventions. Circle the classroom level interventions used prior to requesting a level change-

seating change, ask questions in class, work with teacher outside of class time and Advisement, complete all missing work, work with teacher or counselor on study habits

Verifying Adult: \_\_\_\_\_ Signature: \_\_\_\_\_

3. **THE DEN**-You must give up your free period or change your study hall for enrollment in The Den. Student must actively participate in The Den.

Teacher Signature: \_\_\_\_\_ Agree \_\_\_\_\_ or Disagree \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Agree \_\_\_\_\_ or Disagree \_\_\_\_\_

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

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**Office Use Only**

Counselor: \_\_\_\_\_ Date Received: \_\_\_\_\_

Outcome: \_\_\_\_\_