

# Chagrin Falls Middle School Course Override Form

Dear Parent/Guardian,

The faculty in grades 6-7 at both Chagrin Falls Intermediate and Middle School have identified Selection Criteria (multiple and varied data points) to inform student readiness for existing levelled courses in Math and ELA in grades 7 and 8. The use of these data points to determine course placement ensures that students will be appropriately placed and challenged each year.

With this in mind and despite the Selection Criteria collected by the district for my child,

\_\_\_\_\_, I, \_\_\_\_\_,  
(Student Name) (Parent/Guardian Name)

wish to override the use of the identified CFMS Selection Criteria for Advanced/Gifted Programming relative to the following course (which does not require pre-requisite course nor bridging pathway completion):

\_\_\_\_\_  
(Name of Requested Course Enrollment)

I understand that my child would otherwise be enrolled in:

\_\_\_\_\_  
(Name of District-Identified Course of Planned Enrollment,  
if an override had not been requested for next school year.)

I understand that my child has met \_\_\_\_\_ of the required \_\_\_\_\_ points of Selection Criteria used to evidence student readiness for this course. Knowing that my child was not recommended for this class, I take full responsibility for his/her placement and for his/her progress, which may require outside tutoring for success. In doing so, I understand that my child will remain in the course for the duration of the semester and the semester earned grade will be posted to report cards.

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

**Please return completed form to the CFMS or CFIS Counseling Office no later than the last school day in March for placement in the next school year.**

**FOR CFMS OFFICE USE ONLY**

Date received:	Meeting Date (Optional):
Concerns:	Action Taken:

CFMS Counselor Initials Indicating Receipt: \_\_\_\_\_

CFMS Principal Initials Indicating Receipt: \_\_\_\_\_