

Grade Six into Grade Seven
Middle School Request for Placement Appeal

*****Appeal decisions will be made after March 31, 2010. Parents will be notified by mail of final decisions.**

Student Name: _____ To: (check appropriate department)
Parent Name: _____ _____ English
Address: _____ _____ S.S./Wld. Lang.
_____ _____ Science
_____ _____ Math/Business
Phone Number: _____ _____ VPA/Prac. Arts
Counselor Name: _____ Case Manager: _____

Please review the placement for my child as follows:

Current Grade level: _____
Recommended Course: _____ Recommended Level: _____
Desired Course: _____ Desired Level: _____

Parent's rationale for the course appeal:

Student Signature: _____ Date: _____
Parent Signature: _____ Date: _____
Counselor Signature: _____ Date Submitted: _____

***Appeals are granted or denied based upon a review of NJ ASK 5 and the March, 2010 MAP results.