

Course Level Change Requests and Open Enrollment (Self-Selection)

The students, parents, community and staff of the Plainview-Old Bethpage Central School District value the pursuit of scholastic excellence. Part of our school district's mission is to challenge all students to reach their highest potential. The district's Self-Selection policy is designed to make this goal a practical reality for all students.

Working collaboratively with the middle schools and high school, parents make informed decisions on the best academic placements for their children at the secondary level (7-12). The schools provide parents and students with information on course offerings, which specifies any prerequisites, identifies the difficulty level, describes the content of the course, and explains the expectations for students in each class. While this process is a collaborative one, it is district policy to honor the students' and parents' final decision.

As the skills needed for success at the college level may take time to fully develop, students are encouraged to allow time for adjustment to the rigors of Honors and AP courses.

Students who have not been recommended by their teacher for an Honors or AP course may still enroll in the course. In such cases, the student may be asked to meet with their counselor and request a "Self-Selection Form". The counselor and/or academic chairperson, based on the student's academic record and progress, may require that a conversation take place regarding the appropriateness of the student's choice(s). In these cases, the form must be completed by the student and signed by the parent or guardian in order to complete the enrollment for that course.

If a student finds that their course is not the appropriate level, they may request a level change. **Students and parents should be advised that once a student has signed up for a course, there is no assurance that a request for a level change can be accommodated. All requests will be subject to availability. In addition, it is important to note that requesting a level change for a particular course may result in an undesirable disruption to the student's original schedule. When requesting any level change students will be placed in the lowest enrolled section of the corresponding desired course. Level changes made after the deadline (end of the first quarter) will result in the grade following into the new course. Students are encouraged to research their course options carefully when choosing their courses.**

Teachers, counselors and departmental supervisors are available to discuss questions regarding the course expectations and recommended preparation. It is important to note, however, that the final decision regarding placement rests with the students and his/her parent.

SELF SELECTION FORM

STUDENT: _____ GRADE: _____

PLEASE LIST YOUR CURRENT COURSE: _____

PLEASE LIST THE COURSE YOU WOULD LIKE TO SELECT: _____

PLEASE LIST THE COURSE YOUR TEACHER RECOMMENDED: _____

WITH OPEN ENROLLMENT FOR CLASSES AT PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT, ALL STUDENTS HAVE THE OPPORTUNITY TO CHALLENGE THEMSELVES INTELLECTUALLY AND SELF SELECT FOR A COURSE WHICH THEY MAY NOT HAVE BEEN RECOMMENDED FOR. AS PART OF THE SELF SELECTION PROCESS, YOU ARE REQUIRED TO MEET WITH YOUR SCHOOL COUNSELOR, AS WELL AS THE DEPARTMENT COORDINATOR/CHAIRPERSON/DIRECTOR, (IN THAT ORDER) REGARDING THE COURSE YOU WISH TO TAKE. AT THESE MEETINGS YOUR COUNSELOR AND THE DEPARTMENT DIRECTOR/CHAIRPERSON WILL LISTEN CAREFULLY TO YOUR VIEWS. THEY WILL ALSO HELP YOU UNDERSTAND THE DEMANDS OF THE COURSE SO YOU ARE ABLE TO MAKE A WELL-INFORMED DECISION REGARDING YOUR ENTIRE SCHEDULE. THIS FORM MUST BE COMPLETED AND RETURNED TO THE APPROPRIATE GUIDANCE COUNSELOR BY MARCH 1.

FOR THE COUNSELOR:

1. COUNSELOR NAME: _____ NUMBER OF SELF-SELECTIONS REQUESTED: _____

ENGLISH PLACEMENT: _____ ASSESSMENT DATA: _____

ADDITIONAL COMMENTS: _____

COUNSELOR SIGNATURE: _____ DATE: _____

FOR THE CHAIRPERSON/DIRECTOR:

2. COORDINATOR/CHAIRPERSON/DIRECTOR'S NAME: _____ COMMENTS: _____

COORDINATOR/CHAIRPERSON/DIRECTOR'S SIGNATURE: _____ DATE: _____

FOR THE PARENT/GUARDIAN:

3. PARENT/GUARDIAN:

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT THE APPROPRIATE TEACHER, DEPARTMENT COORDINATOR/CHAIRPERSON/DIRECTOR AND/OR YOUR STUDENT'S SCHOOL COUNSELOR AT 516-434-3150 *BEFORE YOU SIGN.*

I SUPPORT MY CHILD'S DECISION TO SELF SELECT AND UNDERSTAND ONCE ENROLLED IN THIS COURSE THERE IS NO ASSURANCE THAT A REQUEST FOR A LEVEL CHANGE CAN BE ACCOMMODATED. LEVEL CHANGES WILL ONLY BE MADE BY TRANSFERRING INTO THE APPROPRIATE CLASS SECTION WITH THE LOWEST CLASS SIZE, REGARDLESS OF THE IMPACT ON MY CHILD'S SCHEDULE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR THE STUDENT:

4. *I UNDERSTAND THE REQUIREMENTS OF THE ABOVE-NAMED COURSE AND WOULD LIKE TO SELF-SELECT IT. I ALSO UNDERSTAND THAT ONCE I AM ENROLLED IN THIS COURSE THERE IS NO ASSURANCE THAT A REQUEST FOR A LEVEL CHANGE CAN BE ACCOMMODATED. LEVEL CHANGES WILL ONLY BE MADE BY TRANSFERRING INTO THE APPROPRIATE CLASS SECTION WITH THE LOWEST CLASS SIZE, REGARDLESS OF THE IMPACT ON MY SCHEDULE.*

STUDENT SIGNATURE: _____ DATE: _____