



# INTENT FORM FOR HONORS & ADVANCED PLACEMENT FOR THS

— Intent Form must be submitted every school year prior to scheduling courses —  
*Return with your Scheduling Selection Sheet to School Counselors*

## STUDENT INFORMATION

Full Student Name:

Current Grade Level:

## QUALIFYING CRITERIA

1. Students should be strong, independent learners.
2. Students will be responsible for increased rigor in all areas of study relevant to the course.
3. Students might be responsible for summer assignments.
4. Students will be expected to conduct research, and apply knowledge using synthesis, reflection, and evaluation.
5. All Advanced Placement courses require participation in the Advanced Placement College Board test in May of the year of study.
6. For Incoming 9th grade students:
  - a. **Gifted identification** in mathematics, reading and/or superior cognitive ability (check all that apply)

☐ **Mathematics**

☐ **Reading**

☐ **Superior Cognitive Ability**

– OR –

- b. **Two (2) of the three (3) below (check all that apply):**

i. 75th percentile on most recent 8th grade MAP assessment

☐ **YES**

☐ **NO**

ii. Advanced/Accelerated score on 7th grade OST assessment

☐ **ELA**

☐ **MATH**

iii. Teacher of Content recommendation signed below

☐ **YES**

☐ **NO**

## STEP 1 - PARENT/GUARDIAN AWARENESS

Signature of parent/guardian:

Printed name of parent/guardian:

Date of signature:

## STEP 2 - TEACHER OF CONTENT AREA RECOMMENDATION

Requested Course:

☐ Recommended

☐ Not recommended

☐ Recommended with reservation

Previous Course:

Marks Q1:

Q2:

Exam (HS Only):

Teacher Signature:

Printed name of Teacher:

Date of signature:

*Additional recommendations on the back of the form*

TEACHER RECOMMENDATION		
Requested Course:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Recommended with reservation	
Previous Course:	Marks    Q1:                      Q2:                      Exam (HS Only):	
Teacher Signature:	Printed name of Teacher:	Date of signature:

TEACHER RECOMMENDATION		
Requested Course:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Recommended with reservation	
Previous Course:	Marks    Q1:                      Q2:                      Exam (HS Only):	
Teacher Signature:	Printed name of Teacher:	Date of signature:

TEACHER RECOMMENDATION		
Requested Course:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Recommended with reservation	
Previous Course:	Marks    Q1:                      Q2:                      Exam (HS Only):	
Teacher Signature:	Printed name of Teacher:	Date of signature:

TEACHER RECOMMENDATION		
Requested Course:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Recommended with reservation	
Previous Course:	Marks    Q1:                      Q2:                      Exam (HS Only):	
Teacher Signature:	Printed name of Teacher:	Date of signature:

TEACHER RECOMMENDATION		
Requested Course:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Recommended with reservation	
Previous Course:	Marks    Q1:                      Q2:                      Exam (HS Only):	
Teacher Signature:	Printed name of Teacher:	Date of signature: