



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:
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QUALIFYING CRITERIA

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

 Mathematics Reading Superior Cognitive Ability

– OR –

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

- 75th percentile on most recent 8th grade MAP assessment YES NO
- Advanced/Accelerated score on 7th grade OST assessment ELA MATH
- 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:
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STEP 2 - TEACHER OF CONTENT AREA 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:

Additional recommendations on the back of the form

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