

COURSE RECOMMENDATION RE-EVALUATION REQUEST FORM

2026-2027 School Year

Creekside High School

Student Name: _____ Student ID: _____

Print First & Last Name

This form is to request a re-evaluation of student recommendations that wish to register for an honors or AP level course for which they have not been recommended for. **Students must submit this form to their counselors or to Brooke Mackoul (Assistant Principal) before May 29th, 2026.** Submission of this form does not guarantee placement in a higher-level course, it is only to notify administration that the student wishes to be reconsidered for placement in an honors or AP course for the following school year. Re-evaluation will take place over the summer after all year-end grades and test scores have been reported.

Re-Evaluation Notes & Procedures:

- All requests will be honored based on availability
- Placement based on FAST ELA/EOC scores may supersede request
- *In the case of extenuating circumstances, a petition may be made on a case-by-case basis to the principal for review of criteria to ensure proper course placement*

*If the re-evaluation is approved, and your student is requesting a schedule change in a **yearlong course** at the end of 1st semester, they must meet all 3 conditions before requesting removal:*

- ✓ Grade of D or F
- ✓ Completion of a parent/legal guardian conference
- ✓ Demonstration of the student seeking consistent academic assistance

*If the re-evaluation is approved, and your student is requesting a schedule change in a **half-credit course** at the end of 1st quarter, they must meet all 3 conditions before requesting removal:*

- ✓ Grade of D or F
- ✓ Completion of a parent/legal guardian conference
- ✓ Demonstration of the student seeking consistent academic assistance

DUAL ENROLLMENT

- *Withdrawing from dual enrollment courses is governed by the college deadlines, not school policy.*

For Office Use ONLY:

Approve: _____ Deny: _____

If deny, please select below how this student has not met advanced course criteria per the district Student Progression Plan in one or more of the following areas

- ☐ Did not take the co-requisite honors level math or science course
- ☐ Worse than a "C" in a previous honors level course or worse than a "A" in the previous standard course
- ☐ FAST – Level 4 or 5 in appropriate area and not less than a level 3 in any area
 - On Math FAST for placement in honors math class
 - On Reading FAST for placement in honors English, Social Studies, Science or Foreign Language
- ☐ PSAT – A score of 480 or higher on the appropriate assessment
 - Math score for math honors class placement
 - Reading and/or language for English, Social Studies, Science and Foreign Language honors class placement
- ☐ Other: _____

COURSE RECOMMENDATION RE-EVALUATION REQUEST FORM

2025-2026 School Year

Creekside High School

Student Name	
Student ID	
Subject Area of Request (<i>circle one</i>)	English Math Science Social Studies
Course in Subject Area for 25-26 School Year	
25-26 School Year Grades in this Subject Area	Q1 - _____ Q2 - _____ Q3 - _____ Q4 - _____
Teacher Recommendation for 2026-2027 school year	
Course Desired for 2026-2027 School Year	
Reason for Request	
Most Recent PM3 FAST ELA Reading Score	
Most Recent EOC Score (For Science or Math Requests)	

I understand that the purpose of this form is a request for re-evaluation at the end of the school year and that submission of this form does not guarantee my admission into the requested course. In addition, I understand that if I am placed in this course, I will not be permitted to drop it until after the end of the 1st semester for a yearlong course (1st quarter for half-credit courses), and then only if I fulfill the criteria set forth in the St Johns County Progression Plan.

Student Signature: _____ Date: _____

I understand that the purpose of this form is a request for re-evaluation at the end of the school year and that submission of this form does not guarantee my student's admission into the requested course. In addition, I understand that if my student is placed in this course, he/she will not be permitted to drop it until after the end of the 1st semester for a yearlong course (1st quarter for half-credit courses), and then only if he/she fulfills the criteria set forth in the St Johns County Progression Plan.

Parent/Legal Guardian Signature: _____ Date: _____

**THIS REQUEST FORM IS DUE TO YOUR SCHOOL COUNSELOR OR
BROOKE MACKOUL BY MAY 29, 2026**