RECOMMENDED COURSE PLACEMENT FORM

STAPLE A FINAL MARKBOOK COPY OF STUDENT'S MARKS TO THIS SHEET

Name of Student	Cours	e* see attached markbook copy
Subject Teacher	Final I	Mark *
Recommendation: Repeat Course	the Summer /Night School	Level Potential Credit Change Recovery Candidate
Reasons for Failure and Recommendation: (check all that apply)		
 Excessive absences Subject Absences: L Little or no homework comple Poor test results Assignments not submitted Learning Skills challenges 	ates: Did no	ulty with subject material of complete/Failed the Summative of write/Failed the Final Exam of seek help :
Subject Teacher signature Date Note: Where credit recovery is recommended the Subject Teacher is asked to provide a completed <u>Credit Recovery Profile</u> specific to this course to the Credit Recovery Team designate.		
Part 2: To be completed by the Guidance Counsellor (with Student Success / Credit Recovery Team)		
Action Taken: please check all that a	apply	
Student Notified Sum	imer /Night	
☐ Credit Recovery ☐ Cred	ool Adjusted dit Recovery Approved	d Team
Note: Final recommendation for Credit Recovery Program placement is determined by the Credit Recovery Team		
Counsellor'ssignature	Date: Principal signature	Date: (if credit recovery approved)

In exceptional circumstances, prior to making a determination, the Credit Recovery Team may wish additional information from the Subject Teacher who has not recommended credit recovery. In this case, the Principal, or designate, may require the subject teacher to submit additional information.