

Seat Time Waiver
Information and Approval Form

Step 2 of 6
 To be completed by
 counselor.
 Retain in district records.

Student Name: _____ Grade: _____
 Administration Pre-approval: Yes No Signature: _____

Assessment Scores (optional or as needed):

Terra Nova: CSI Reading Lang Math Total: Sci. SS.
 DAT _____
 MEAP (Grade: _____) LA: _____ Math: _____ Science: _____ Soc St: _____
 MEAP (Grade: _____) LA: _____ Math: _____ Science: _____ Soc St: _____
 Explore English: _____ Reading: _____ Math: _____ Science: _____ Composite: _____
 PLAN English: _____ Reading: _____ Math: _____ Science: _____ Composite: _____
 ACT English: _____ Reading: _____ Math: _____ Science: _____ Composite: _____
 Other _____
 Other _____

The following documents have been completed and reviewed:

- Application and Student Essay
- Online Course Readiness Survey Results
- Individualized Graduation Plan
- Transcript
- Student IEP Yes No
- 504 Plan Yes No
- School Attendance Summary _____
- School Behavior Summary _____
- Recommendation Forms
- Medical Documentation (if applicable)
- Student Contract and Program Guidelines and Expectations

Areas of Concern/Support: _____

Recommendation: Based on the information reviewed, provide your level of recommendation for anticipated success in the Seat Time Waiver Program.

Level of Recommendation	Reason
Highly Recommended	
Recommended	
Recommended with Reservation	
Not Recommended	

 Name and title of person completing this form Date

Designated School Official: _____ Approved: Yes No

Comments: _____

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