

Seat Time Waiver  
**Information and Approval Form**

**Steps 2 & 3**  
 To be completed  
 by counselor

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: \_\_\_\_\_