

Acceleration Request

(See *Mid-America Union Education Code* for complete instructions)

_____	_____	_____
Student Name	Birthdate	Present Grade
_____	_____	
Present Age (Years/Months)	Age When Entered 1 st Grade (Years/Months)	

1. Reason for acceleration:

2. Last achievement test administered:

Date administered:

Composite Grade Equivalent:

Composite Percentile:

A student is expected to have 90th percentile or above in each sub-test.
Attach copy of student's Individual Performance Profile.

3. Teacher evaluation of daily work, tests, etc.:

4. Teacher evaluation of present social and emotional development:

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5. Survey of past history in school:

6. Teacher evaluation of physical development:

7. Report of communication with parents (include dates, parents' reactions, etc.):

8. Recommendation of teacher:

9. Brief summary of suggested acceleration program:

Teacher's Signature

Date

Principal's Signature

Date

We have discussed our child's academic achievements with the classroom teacher and understand that this is not to be interpreted as "skipping a grade," since all levels of academic work are to be covered. We support the placement of our child in an accelerated program, understanding that such a placement is subject to approval by the Conference Office of Education and the school leadership.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Education Committee Action: Approved Denied

Date

Superintendent's Signature