Acceleration Recommendation Form

To recommend a student for acceleration (grade level or subject level), please fill in the information below. Please turn the completed form into the principal of your school.

Name ________________________________________ Student ID ________________
(last) (first)

School ___________________________ Grade Level _________________________

How long has the student been in the district __________________________________________
(Student must be in the district for at least 9 weeks to be considered for acceleration)

Student identified as gifted? _____Yes _____No IEP _____Yes _____No

Parent/Guardian Name __________________________________________________________
(last) (first)

Address _______________________________________________________________________

City ___________________ State _______ Zip _______________________

Home Number ___________ Work Number ___________ Cell Number ___________

Parent/Guardian Name __________________________________________________________
(last) (first)

Address _______________________________________________________________________

City ___________________ State _______ Zip _______________________

Home Number ___________ Work Number ___________ Cell Number ___________

Recommending: _____Grade Level Acceleration  _____Subject Level Acceleration

If subject level specify subject(s): ________________________________________________

Curriculum and Instruction Department/P.Ulrich 8/22/2019
In the space below, please indicate why you are recommending this student for acceleration:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature of Person Recommending ________________________________________________

Date ________________________