



Acceleration Request
2022-2023 School Year

Student Name: _____ Age: Year _____ Month _____

Birth Date: _____ Age when entered 1st Grade: Year _____ Month _____

Present grade placement: _____

Date most recent MAP test: _____

- Attach copies of the most recent MAP Growth test report.

Reason for Acceleration: _____

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

Teacher evaluation of present social and emotional development: _____

Survey of school history: _____

Teacher evaluation of physical development: _____

Report of communication with parents:

- Include dates, parent's reactions, etc. _____

Recommendation of teacher: _____

Brief summary of suggested acceleration program: _____

Teacher Signature: _____

Principal/Head Teacher Signature: _____

For the Parent:

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", for all levels of academic work are to be covered. We will look favorable upon the school placing our child in an accelerated program, depending on the decision of the Conference Office of Education and the school leadership.

Parent's Signature(s): _____

For Board of Education:

Board of Education Action: Approved: _____ Denied: _____

Signed: _____ Date: _____