

Montana Conference Office of Education
ACCELERATION REQUEST
DUE 1ST THURSDAY IN JANUARY
(SEE POLICY BOOK FOR FURTHER INSTRUCTIONS)

Student name: _____ Present age: (year) _____ (month) _____

Birth Date: _____ Age when entered 1st grade: (year) _____ (month) _____

Present grade placement: _____

1. Reason for acceleration:

2. Date ITBS test was given: _____

3. Attach copies of ITBS testing strip

4. Teacher evaluation of daily work, tests, etc.

5. Teacher evaluation of present social and emotional development:

6. Survey of past history in school:

7. Teacher evaluation of physical development:

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

9. Recommendation of teacher:

10. Brief summary of suggested acceleration program:

Teacher's Signature: _____

Principal's Signature: _____

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) _____

Education Committee Action: Approved: _____ Denied: _____

Signed: _____

Date: _____