



## Grade Acceleration Request Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current Teacher: \_\_\_\_\_

Name of person requesting grade acceleration: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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**To be filled out by the parent or guardian:**

I would like to request that \_\_\_\_\_ be considered for grade acceleration.

Please state the rationale for this request.

What are some of the specific strengths of this student?

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Parents are encouraged to include a letter of request with this application. The letter should contain additional anecdotal information about the student to help the Acceleration Committee in determining appropriate placement. Parents may also submit a Home Observation Inventory with this application. Please contact the Gifted Education Specialist for a copy.

Please note: This form will start the process of collecting preliminary information about this student. This does not mean acceleration will necessarily occur. Parents may choose to return this form to the Gifted Specialist or to meet with the Acceleration Committee or principal to present their request.

**I have read the Procedures for Whole Grade Acceleration and understand the process that will be followed to determine if grade acceleration is appropriate for this student. I grant permission for the necessary assessments needed to determine if grade acceleration is appropriate.**

\_\_\_\_\_  
(Parent/Guardian signature)

Date \_\_\_\_\_