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 (Y	'ears/Months)
1. Reason for acceleration:		
2. Last achievement test administered:		
Date administered:		
Composite Grade Equivalent:		
Composite Percentile:		
	90 th percentile or above in each sub-test. It'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	