Student Acceleration Request

North Pacific Union Conference

Stude	ent's Name		Grade	Date	
Student's Birthdate School					_ months
		Teacher			
Parer	nt (s) Names				
	Siblings			mments	
ı.	School Staff Observations				
	Grade Level		Comments		
	Reading Level				
	Math Level				
	Language Level				
	Written Work	<u></u>			
	Reason for acceleration				
	Comment on: (a) Physical size and develop	ment; (b) Social maturi	ty; (c) Emotio	nal maturity	
II.	Formal Assessment Results				
	Test used		Date Assessm	ent Completed	

Academic Plan					
Academic Plan Describe the academic plan for this student in an accelerated program including an approtime line for completion.					
Bible					
Language Arts					
Math					
Science					
Social					
Studies					
	to a base of the second concerns				
Dates of parent-teacher conferences this year					
Parent signature from last conference					
	rences				
Steps for Acceleration					
Steps for Accele		Date			
	al conference	Date			
Teacher/principa	al conference conference (most recent)				
Teacher/principa Teacher/parent		Date			
Teacher/principa Teacher/parent	conference (most recent)	Date			

Parent Consent Form for Acceleration

School	Date
Stu	udent Acceleration
As a follow-up to our previous convers	ation, I (agree) (do not agree*) with the
recommendation that	be accelerated to grade
for the school year.	
Parent/Legal Guardian	Date
Teacher	Date
Principal	Date
Parent/Legal Guardian Statement (use	back of page if needed)

c: Superintendent of Education Principal Student's cumulative folder

^{*}In the event the decision of the principal and the conference office of education is to accelerate the student without parent/guardian agreement, the parent/guardian may appeal the decision through the conference office of education. A review committee, appointed by the Superintendent of Education, will study the information and make a recommendation. Final decision rests with the school authorities.