

Date:

Sequim School District No. 323 "Engage Empower Thrive"

503 North Sequim Avenue, Sequim, WA 98382 Telephone: (360) 582-3260, FAX: (360) 683-6303 www.sequimschools.org

Data Collection and Recommendation Form for Acceleration

Student Name:	Date of Birth:
School:	Current Grade:
Teacher:	Requested Grade/Subject Area:
Part I: Rationale (consider factors such as overall social/emotional development, relationships with personal development).	-
Part II. School & Academic Factors	
1. Test Results (include any normed assessment include Intelligence, Ability, and/or Achieve	nt results from current and prior school year which may ement tests such as Algebra Readiness):
Determination for acceleration: Clearly indicated Partially indicate	s, need more information \sum No indication

group, identified as Highly Capable, work sam	cision (current placement in an accelerated or honors aples, observations, informal feedback from student, amative classroom assessments, and any other pertinent
Determination for acceleration: Clearly indicated Partially indicates, n List all interventions provided to students/fami	
Part III. Recommendation & Implementation Plan Recommendation: Grade Acceleration Change will take place: Current School Year Transition Plan, including Timeline: Monitoring Student Progress Dates, Process, Per	Subject Area Acceleration
Meeting Name	Participants Relationship/Position
Principal Signature	Date
	& Learning for approval with all supporting documentation.
For Teaching and Learning Office Use Only:	
Approved Denied By: Name	and Title

T&L will return form to school for student's cumulative file and adjustment in Student Information System