**Request for Acceleration Form**

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| Student Name: |
| Student ID: |
| Date of Birth: |
| Current School: |
| Current Grade: |
| Teacher or Team: |

*Type of acceleration requested:*

Grade Acceleration Requesting acceleration to grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subject Acceleration Subject(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a separate piece of paper, please state the reason for this request. Give specific examples of the following:

* Student’s ability to achieve at significantly higher levels than students of the same age
* Student’s academic performance
* Student’s ability to apply, analyze, evaluate and create ideas at an advanced level
* Student’s ability to work independently and cooperatively
* Student’s study skills and motivation to work on advanced material
* Student’s social/emotional development

If you need assistance filling out this form, please contact the District Gifted and Talented Coordinator or your school’s Gifted and Talented Lead Teacher.

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| Person Making Request: |
| Date: |