

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan, Minnesota
Educating our students to reach their full potential

Series Number 602.6.1.1P Adopted September 2008 Revised _____

Title Request for Consideration of Grade Acceleration

To be completed by the person making the request:

This form should be submitted to the school principal or the gifted and talented specialist/coordinator between September 1 and May 1. Requests received after May 1 will be processed during the following school year. After this document is received, a referral team consisting of the school principal, gifted and talented specialist/coordinator, psychologist and classroom teacher will review the request and determine if the grade acceleration process should be started.

Student's name _____

Date of birth _____ Grade _____ School _____

Name of person requesting grade acceleration _____

Relationship to student _____

Name of parent(s)/guardian(s) _____

Address _____ Phone _____

Please attach a letter or state below the rationale for grade acceleration. Your information will help the referral team decide the next step. Rationale should be written by the person requesting acceleration.