

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

Series Number 602.6.1.2P Adopted September 1980 Revised September 2021

Title Referral Team Summary for Grade Acceleration

To be completed by referral team:

Student's name _____

Date of birth _____ School _____ Grade _____

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

Address _____ Phone _____

1. Reason(s) why grade acceleration is being considered.

2. What alternatives/interventions have been tried to meet the student's academic and emotional needs?

3. Standardized test data. (MAP/Standardized Achievement/Cognitive scores or percentiles)

4. Other test data or pertinent information.

_____ Date of referral meeting _____

_____ Signature of referral team members

Please check one:

- Complete 602.6.1.3P, Permission for Grade Acceleration Consideration
- Complete 602.6.1.4P, Denial of Consideration for Grade Acceleration

_____ Date _____ Signature of principal

c: case studies file