

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

Series Number 602.6.1.5P Adopted November 1981 Revised September 2021

Title **Report of Data Collection for Consideration of Grade Acceleration**

Student's name _____ Date of birth _____ Age _____
yr/mth

School _____ Grade _____

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

Address _____ Phone _____

Individual Intellectual Ability Test – Must have been completed within two years and administered by a psychologist.

Name of test: _____

Results: _____

Assessment completed by: _____ Date: _____

Standardized Social-Emotional Rating Scale: _____

Name of measure: _____

Results: _____

Assessment completed by: _____ Date: _____

Name of test: Woodcock Johnson Achievement Test Age Based Norms

Results: _____

Total Reading Percentile: _____

Total Math Percentile: _____

Written Language Percentile: _____

Assessment completed by: _____ Date: _____

Critical Questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Has the student been grade accelerated previously?
(including early entrance) | <input type="checkbox"/> | <input type="checkbox"/> |

B. Does the student want to be considered for grade acceleration?

C. Will a sibling be in the same grade if the student is grade advanced?

Assessment completed by: _____ Date: _____

Observation report by classroom teacher: _____

Teacher: _____ Date: _____

Observation report by other teacher(s): _____

Teacher: _____ Date: _____

Attach Iowa Acceleration Scale form (if applicable)

c: case studies file