

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

Series Number 602.6.1.3P Adopted September 1980 Revised September 2021

Title Permission for Grade Acceleration Consideration

Date: _____

Dear Parent(s)/Guardian(s):

We have reviewed the request for grade acceleration for your child, _____. That review has resulted in a recommendation to provide six weeks of intervention to determine if your child's needs can be met in the current grade placement through program changes or modification and to obtain academic, cognitive and personal information relevant to grade acceleration. We need your written permission to proceed with the data collection process. The following areas will be evaluated:

- Social and emotional and motivational development;
- Intellectual ability, and
- Academic achievement.

Please indicate your permission to proceed with the assessment by signing and returning the bottom portion of this sheet to the gifted and talent development teacher at your child's school. If you have any questions, please call _____ at _____.
Gifted and talent development teacher Phone

Sincerely,

Signature of principal

Permission for Grade Acceleration Consideration

- Yes, I give permission for the school to proceed with the grade acceleration process.
- No, I do not give the school permission to proceed with the grade acceleration process.

Student's name

Signature of parent or guardian

Grade

Date

Received by gifted and talent development teacher and principal:

Signature of gifted and talent development teacher

Date

Signature of principal

Date