



Accelerated Program – Parent/Guardian Nomination Form

Parents/Guardians should complete this form if they believe their child is performing well above grade level or demonstrating exceptional strengths or talents and would like their child's performance and achievement to be reviewed to determine eligibility for accelerated education services.

Once this form is received, the District Accelerated Placement Team will consult and analyze test and performance data to determine if additional assessments are warranted and if the criteria for formal identification have been met. The results of the screening process will be communicated to parents through a meeting, phone call or letter.

Student's Name _____

Grade _____

School _____

Birth date _____

Parent/Guardian Inventory Checklist

Please check one column after each of the following statements that best describes your child.

When have you observed this characteristic?	Seldom or never	Occasionally	Most of the time	Virtually all of the time
1. Imagines things to be different than the way they actually are. "Wonders what if?" or "What would happen if?"				
2. Has self-stimulated curiosity; shows independence in trying to learn more about something.				
3. Chooses difficult problems over simple ones.				
4. Is selected by peers for positions of academic leadership.				
5. Adapts readily to new situations; flexible in thought and action; not disturbed if the normal routine is changed.				
6. Organizes and brings structure to things, people and situations.				
7. Uses unique and unusual ways to solve problems.				
8. Displays a great deal of curiosity about many things, often going beyond known or conventional limits.				
9. Possesses a large storehouse of information about a variety of topics beyond the usual interests of this age.				
10. Reasons things out, thinks clearly, and comprehends meaning.				
11. Expresses interest in understanding self and others.				
12. Possesses the interest of an older child or adult in games and reading.				
13. Is alert and keenly observant and responds quickly.				
14. Strives toward perfection, is self critical, is not easily satisfied with own speed or products.				
15. Makes generalizations and draws conclusions that summarized complex information easily.				
16. Can perform more difficult mental tasks than peers.				
17. Seems to sense what others want and helps accomplish it.				
18. Tends to direct others in activities.				
19. Is able to work through frustration and maintain focus.				
20. Sees flaws in things, including own work, and can suggest better ways to do job or reach an objective.				
21. Has many different ways of solving problems.				
22. Challenges authority when sense of justice is offended, structures alternative approaches.				
23. Display a mature sense of humor.				
24. Has unusually advanced vocabulary for age level, uses terms in a meaningful way.				

Please check below which area(s) may apply to your child, and give specific examples of behaviors that support this area of nomination. Attach student work that illustrates the ability being considered.

○ **General Intellectual Ability**

Processes new information quickly, uses advanced vocabulary, sees connections in concepts, focuses for long periods of time on special interests, or enjoys solving puzzles and problems.

○ **Specific Academic Ability**

Shows unusual/advanced ability in: ___Reading___Math

Thinks logically and symbolically about quantitative and spatial relationships, can articulate a thorough and detailed response, sees multiple pathways to solve problems, or thinks abstractly and shows insight into novel situations.

○ **Creative Ability**

Has a vivid imagination, a keen aesthetic sense, unique ideas in problem solving situations, may be a risk-taker, adventurous, non-conforming, often asks "why" or sees the unusual.

○ **Leadership Ability**

Organizes and leads groups, carries responsibility well, tolerant and flexible with peers, possesses good self-confidence, or may be overbearing at times.

Briefly describe your child's major interests, hobbies and other creative endeavors.

What are your main reasons for referring your child to the District 95 Accelerated Program? Share your insights about his/her talents, abilities, and learning needs. (Please Note: Teachers are expected to challenge every student according to his/her abilities. Therefore, a desire to have your child challenged is NOT a reason for a Accelerated Program referral.)

Please attach any other information which you believe is relevant and would assist us in getting to know your child's interests and abilities (e.g., exceptional work samples, academic accolades, outside testing results, evidence of participation in outside educational programs).

____ I understand that tests of ability, aptitude, or achievement may be administered to my child as part of the identification process. Results of all tests will be shared with parents.

Date _____

Parent or Guardian's Name _____

Parent/Guardian Signature _____

Phone Number _____

Email address _____

Please submit completed form to the curriculum office.