

## **Ross Local School District Request for Acceleration Evaluation**

Requests for student acceleration are initiated through submission of this written form signed by a parent or legal guardian of the student. Once the form is submitted, the principal will hold a preliminary meeting with the parents to review the evaluation process. The district will then evaluate the student's eligibility using an approved assessment tool and required student data. The Acceleration Evaluation Committee will review the results and provide a written determination report. The Principal will schedule a meeting with the student and parent(s)/guardian(s) to review the determination. If acceleration is approved, the student will receive a Written Acceleration Plan (WAP) that includes a transition period.

<u>General Informat</u>	<u>ion</u>		
Student Name: _			Birthdate:
Current School:			Current Grade:
Parent/Guardian: _			
Email:			Phone #:
Requested Accele	ration Type		
☐ Whole Grade A	Acceleration	☐ Subject Acceleration	Early Graduation
Reason for Accele	eration Requ	est	
evaluation. I give powhich may include a	ermission for r cognitive abili ssessment. I g	ny child to be evaluated with ty assessment, an academic ac give permission for the Accel	o my child as part of the requested the appropriate assessment tool chievement assessment, and/or an eration Committee to review my
Signature of Parent(	s)/Guardian(s)		
			Date:
	Initia	l Referral for Acceleration Made	By:

☐ Parent/Guardian ☐ Student ☐ Teacher ☐ Other:

Please submit the completed form to the building Principal.