

KINDERGARTEN EDUCATIONAL PLAN FOR ACCELERATION

Student Name: _____ Date: _____

School: _____ Date of Acceleration: _____

Sending Teacher: _____ Grade: _____

Receiving Teacher: _____ Grade: _____

I. Rationale for Acceleration:

II. Plan for Differentiated Instruction

III. Evaluation Timeline: This plan will be evaluated by Principal, Teacher and Parents at every progress report calendared during the accelerated year and prior to the final progress report and promotion to the next grade level in June of accelerated year.

IV. ☐ Board Approval Required PVSD Board of Trustees approved the acceleration at the _____ Board meeting by a _____ vote.

Superintendent/Designee Signature: _____

V. Signatures indicating agreement with acceleration and plan:

_____, Parent/Guardian Date: _____

_____, Parent/Guardian Date: _____

_____, Principal Date: _____

Copy to Student's Mandatory Permanent Record; Student Services Department, Parent



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