

**ROCKWOOD SCHOOL DISTRICT
GRADE SKIPPING
DATA COLLECTION AND DECISION-MAKING FORM**

Student Name _____ DOB _____ Date _____

Current Grade: _____ Teacher _____ Requested Grade: _____

Current School: _____ New School (if applicable): _____

Individual Submitting Request _____ Relation to Student _____

PART I: CRITICAL ISSUES

- _____ Student is in gifted program
- _____ Student expresses interest in grade skipping
- _____ Sibling is currently in same grade
- _____ Sibling will be in same grade if accelerated

Comments:

PART II: SCHOOL & ACADEMIC FACTORS

1. INTELLIGENCE TEST RESULTS (include summary report)

- _____ Clearly indicates need for acceleration
- _____ Partially indicates need for acceleration
- _____ No need for acceleration indicated
- _____ Information is not available

**2. SUBJECT AREA ACHIEVEMENT TEST RESULTS (include current & past year
MAP, SAT-10, Other standardized achievement test results)**

- _____ Clearly indicates need for acceleration
- _____ Partially indicates need for acceleration
- _____ No need for acceleration indicated
- _____ Information is not available

3. SUBJECT AREA COORDINATOR ASSESSMENT (include report)

- _____ Clearly indicates need for acceleration
- _____ Partially indicates need for acceleration
- _____ No need for acceleration indicated
- _____ Information is not available

4. TEACHER ASSESSMENTS (include recent assessments)

- _____ Clearly indicates need for acceleration
- _____ Partially indicates need for acceleration
- _____ No need for acceleration indicated
- _____ Information is not available

5. REQUEST FOR GRADE SKIPPING FORM
(attach completed Teacher Form)

☐ Clearly indicates need for acceleration
☐ Partially indicates need for acceleration
☐ No need for acceleration indicated
☐ Information is not available

6. OTHER DATA AND/OR INFORMATION PERTINENT TO DECISION
(eg., Parent Grade Skipping Request Form, work samples, observations, informal
feedback from student, etc.)

☐ Clearly indicates need for acceleration
☐ Partially indicates need for acceleration
☐ No need for acceleration indicated
☐ Information is not available

SUMMARY (PARTS I & II):

SUMMARY (PART III, see next page):

PART III: DEVELOPMENTAL & INTERPERSONAL FACTORS

ELEMENT	BA	A	AA	S	COMMENTS (Optional)
Academic self-concept					
Academic motivation					
Special talents					
Age relative to classmates					
Size relative to classmates					
Motor coordination					
Maturity					
Behavior					
Relationship with peers					
Relationship with teachers					
Extracurricular activities					

BA (Below Average); A (Average); AA (Above Average); S (Superior)

PART IV: RECOMMENDATION & IMPLEMENTATION PLAN

Recommendation: Grade Skipping Subject Acceleration Study Other (Describe)

Transition Plan for Grade Skipping, including Timeline:

Monitoring Student Progress -- Dates, Process, Person Responsible:

MEETING PARTICIPANTS

Name:

Relationship/Position:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Place copy of completed form in student's file.