1st – 7th GRADE 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:
Teacher conference with principal and review of progress on this plan
_____

Parent conference(s) _____

Other _____

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:

_____ Title _____ Date:_____

_____ Title _____ Date:_____

_____ Title _____ Date:_____

_____ Title _____ Date:_____

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

Pleasant Valley School District
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PVSD prepares 21st century learners who are responsible members of our global society.