INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan, Minnesota
Educating, developing, and inspiring our students for lifelong success.

Series Number **602.6.1.7P** Adopted **January 1985** Revised **July 2024**

Title **Meeting Summary for Consideration of Grade Acceleration**

Student's name _____ Date _____

School _____ Grade _____

Signature of people in attendance and their recommendation for whether the student should be approved for grade acceleration:

	Recommended	Not Recommended		Recommended	Not Recommended
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐

Summary:

The team decision process has been completed in accordance with Regulation 602.6.1AR, Grade Acceleration of Students in Grades K-8. The above-named student is:

☐ not approved for grade-acceleration _____

☐ approved for grade-acceleration from grade _____ to grade _____

_____ _____
Signature of principal Date

Parent or Guardian: Please sign below to indicate that you are aware of the decision that has been made.

_____ _____
Signature of parent or guardian Date

- Copy to student's cumulative folder
- Copy to director of instruction and achievement
- Copy to director of elementary or secondary education for appropriate grade level
- If approved, copy to student information supervisor
- Copy to school's case study files