Walla Walla Public Schools

FORM – WHOLE GRADE OR CONTENT AREA ACCELERATION

Student's Name (as listed in Skyward)_____ SSID: _____

Date: _____ Grade:_____ Birthdate: _____

Parent/Guardian Name: _____ Teacher: _____

Your child was recommended for whole-grade or content area acceleration by the Student Teacher Assistance Team (STAT). Below are the factors that were considered and documentation is attached:

- ☐ Academic performance over time
- ☐ Ability to work independently/motivation
- ☐ Classroom differentiation received over time
- ☐ Standardized assessment scores
- ☐ Highly capable assessment scores
- ☐ Formative assessments
- ☐ Classroom teacher recommendation(s), current and past teachers
- ☐ Parent/Guardian recommendation
- ☐ Other information considered: _____

The student would benefit from acceleration in the following area(s) starting _____.

Summary comments below or attached:

_____

_____

_____

		Agree	Disagree
_____ Parent/Guardian	_____ Date	☐	☐
_____ Teacher	_____ Date	☐	☐
_____ Learning Specialist/Counselor	_____ Date	☐	☐
_____ Principal	_____ Date	☐	☐
_____ Director of Teaching and Learning	_____ Date	☐	☐

Original to be placed in student's cumulative file and a copy sent to the Executive Director of Teaching and Learning.

Revised: July 2025