

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

Series Number 602.6.1.2P Adopted September 1980 Revised August 2026
Title Referral Team Summary for Grade Acceleration

Meeting Purpose: To determine if the request is appropriate and should be approved based on initial criteria.

Team Members:

Student Name: _____
Date of Birth: _____ **School:** _____ **Current Grade:** _____
Name of parent(s)/guardian(s): _____
Address: _____
Phone: _____

Date Request for Consideration Received:

Date Referral Team Meeting:

Rationale for Consideration:

Has grade acceleration occurred previously?

Academic Review

Assessment Data (standardized tests, grades, classroom assessments)

Teacher(s) Input (organization, engagement, response to challenge or frustration, work habits, etc., concerns about accelerating at this part of the year)

What alternatives/interventions have been tried to meet the student's needs?

Next Steps: