

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

Series Number 602.6.1.3P Adopted September 1980 Revised August 2026

Title Permission for Grade Acceleration Consideration

Date:

Dear Family of: _____

The referral team has reviewed the request for grade acceleration for your child, _____ . That review has resulted in a recommendation to complete additional evaluations to determine if your child's needs can be met in the current placement through program changes or modifications and to obtain further information relevant to acceleration. We need your written permission to proceed with the data collection process.

Please indicate your permission to proceed with the assessment by signing and returning this form to _____ at _____.

____ Yes, I give permission for the school to proceed with the consideration of the grade acceleration process.

____ No, I do not give the school permission to proceed with the consideration of the grade acceleration process.

Student Name: _____

Student Grade: _____

Guardian Name/Signature: _____

Date: _____

Date Received by the District Office: _____