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

Series Number **602.6.2.2P** Adopted **June 2007** Revised **August 2026**

Title **Referral Team Summary for Subject Acceleration**

To be completed by referral team:

Student's name _____

Date of birth _____ School _____ Grade _____

Subject area _____

Name of parent(s)/guardian(s) _____

Address _____ Phone _____

1. Reason(s) why subject acceleration is being considered.

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

3. Standardized test data specific to subject being considered.

4. Other test data or pertinent information.

_____ _____

Date of referral meeting

_____

_____

_____

Signature of referral team members

Please check one:

- ☐ Complete 602.6.2.3P, Permission for Single Subject Acceleration Consideration
- ☐ Complete 602.6.2.4P, Denial of Consideration for Single Subject Acceleration

_____ _____

Date Signature of principal

c: case studies file
c: student's cumulative folder

Procedures/602.6.2.2P/08-2026