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

Series Number **602.6.2.3P** Adopted **June 2007** Revised **August 2026**

Title **Permission for Subject Acceleration Consideration**

Date: _____

Dear Parent(s)/Guardian(s):

We have reviewed the request for subject acceleration for your child, _____, in the subject _____. That review has resulted in a recommendation to provide six weeks of intervention to determine if your child's needs can be met in the current placement through program changes or modifications and to obtain academic, cognitive and personal information relevant to single subject 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 the bottom portion of this sheet to the talent development teacher at your child's school. If you have any questions, please call _____at _____.
Talent development teacher Phone

Sincerely,

_____
Signature of principal

Permission for Subject Acceleration Consideration

☐ Yes, I give permission for the school to proceed with the subject acceleration process.
☐ No, I do not give the school permission to proceed with the subject acceleration process.

_____ _____
Student's name Signature of parent or guardian

_____ _____
Grade Date

Received by talent development teacher and principal:

_____ _____
Signature of talent development teacher Date

_____ _____
Signature of principal Date

c: case studies file
Procedures/602.6.2.3P/08-2026