PINELLAS COUNTY SCHOOLS

ACCEL NOMINATION BY PARENT FOR WHOLE GRADE PROMOTION OR SUBJECT AREA ACCELERATION

Please complete and return to the guidance counselor.

Student _____ Birth Date _____ Date of Nomination _____

School _____ Teacher _____ Grade _____

Parent/ Guardian _____

Contact Phone Number _____ Email _____

Please check and complete information on all that apply.

☐ I am requesting that my child be considered for whole grade promotion.

Reason: _____

☐ I am requesting that my child be considered for subject area acceleration in _____ (subject area).

Reason: _____

☐ I am requesting that my child be reconsidered for whole grade or subject area acceleration. He/she was previously evaluated and found not eligible.

Reason: _____

☐ I am requesting that my child be considered for subject area acceleration in _____(subject area).

He/she was in accelerated subject area classes in another Florida district or state. Please attach documentation to this form.

Name of School _____ District _____ State _____

Classroom Teacher _____ School Phone _____