

# Early Admission and Acceleration Procedures

Alexandria Public Schools District #206 reserves the right to make changes to this policy based on omissions, errors, legalities, outside institutional policies, etc. which may impact the student

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# Early Admission Testing Considerations

Children whose fifth birthday falls between September 1<sup>st</sup> and January 15<sup>th</sup> of the year may be considered for early admission to kindergarten. In order for a child to be considered for early admission to kindergarten the child must have completed an early childhood screening, completed the *Early Admission* form and completed the *Parent Interview* form with all of the information submitted to the building principal by March 15<sup>th</sup>. The child's birth certificate must be attached to this admission form. The building principal will contact the parent/guardian about the assessment process. While subject to modification on a case-by-case basis, testing for early admission will typically include the Iowa Acceleration Scale and will follow the listed assessment procedures.

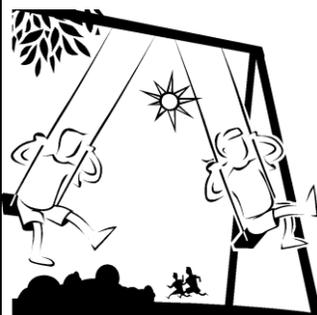
A team of educational professionals consisting of the building principal, a kindergarten teacher, an Early Childhood teacher or Head Start teacher and the school psychologist will discuss the results of the Iowa Acceleration Scale or assessment along with the other data collected during the process. The team will determine if the child under examination is a good candidate for early admission and if so, recommend early admission. Should the evaluation results indicate that the child is ineligible for early admission; the parents will be provided a copy of the evaluation results with appropriate rationale. Evaluation results and testing protocols will be kept in the Elementary Building in a "Early Admission" file.

While subject to modification on a case-by-case basis, testing for early admission will typically include the following assessment procedures:

- **Parent Interview-** An interview will be conducted with the parent(s) of the child being considered for early admission. The interview will include investigation into why the child's parent(s) are seeking early admission, a discussion of the child's developmental history, and documentation of preschool experiences.
- **Observation-** An observation of the student may be conducted by the examiner to establish a baseline for typical behavior and cognitive functioning. The behavior in the observation will be contrasted with that of the testing behavior to determine if the results are valid.
- **Intellectual Assessment-** Children considered for early admission will be assessed to determine their current level of intellectual functioning. To be considered for early admission, the child must demonstrate cognitive functioning at or above the 98<sup>th</sup> percentile when compared to their same-aged peers. Intellectual functioning is not the sole determinant for early admission, but is a required element to be considered.
- **Social/Emotional Assessment-** Having demonstrated an intellectual quotient at the 98<sup>th</sup> percentile or above, the child under consideration will be assessed for social/emotional functioning to determine their level of social maturity. In general, students must demonstrate social/emotional functioning equal to that of a typical kindergarten student.
- **Additional Testing as Determined by the Examiner-** Additional assessment may be required in the areas of behavior, attending, listening comprehension or oral expression as determined by the evaluator.

A team of educational professionals consisting of the building principal, a kindergarten teacher and the school psychologist will discuss the assessment results. The team will determine if the child under examination is a good candidate for early admission and if so, recommend early admission. Should the evaluation results indicate that the child is ineligible for early admission, the parents will be provided a copy of the evaluation results with appropriate rationale.

## IS MY CHILD READY?

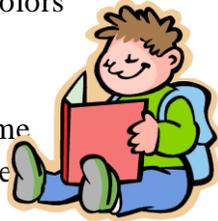
<b>Social / Emotional Development</b>	<b>Physical Development</b>	<b>Cognitive Development</b>	<b>Language Development</b>
<p><u>Sense of Self:</u></p> <ul style="list-style-type: none"> <li>Shows ability to adjust to new situations</li> <li>Demonstrates appropriate trust in adults</li> <li>Recognizes own feelings and manages them appropriately</li> <li>Stands up for rights</li> </ul> 	<p><u>Gross Motor:</u></p> <ul style="list-style-type: none"> <li>Demonstrates basic locomotor skills (running, jumping, hopping, galloping)</li> <li>Shows balance while moving</li> <li>Climbs up and down</li> <li>Pedals and steers a tricycle (or other wheeled vehicle)</li> <li>Demonstrates throwing, kicking and catching skills</li> </ul>	<p><u>Learning and Problem Solving:</u></p> <ul style="list-style-type: none"> <li>Observes objects and events with curiosity</li> <li>Approaches problems flexibly</li> <li>Shows persistence in approaching tasks</li> <li>Explores cause and effect</li> <li>Applies knowledge or experience to a new content</li> </ul>	<p><u>Listening and Speaking:</u></p> <ul style="list-style-type: none"> <li>Hears and discriminates the sounds of language</li> <li>Expresses self using words and expanded sentences</li> <li>Understands and follows oral directions</li> <li>Answers questions</li> <li>Actively participates in conversations</li> </ul>
<p><u>Responsibility for Self and Others:</u></p> <ul style="list-style-type: none"> <li>Demonstrates self-direction and independence</li> <li>Takes responsibility for own well-being</li> <li>Respects and cares for classroom environment and materials</li> <li>Follows classroom routines</li> <li>Follows classroom rules</li> </ul> 	<p><u>Fine Motor:</u></p> <ul style="list-style-type: none"> <li>Controls small muscles in hands</li> <li>Coordinates eye-hand movement</li> <li>Uses tools for writing and drawing</li> </ul> 	<p><u>Logical Thinking:</u></p> <ul style="list-style-type: none"> <li>Classifies objects</li> <li>Compares/measures</li> <li>Arranges objects in a series</li> <li>Recognizes patterns and can repeat them</li> <li>Shows a awareness of time concepts and sequence</li> <li>Shows a awareness of position in space</li> <li>Uses one-to-one correspondence</li> <li>Uses numbers and counting</li> </ul>	<p><u>Reading and Writing:</u></p> <ul style="list-style-type: none"> <li>Enjoys and values reading</li> <li>Demonstrates understanding of print concepts</li> <li>Demonstrates knowledge of the alphabet</li> <li>Uses emerging reading skills to make meaning from print</li> <li>Comprehends and interprets meaning from books and other texts</li> <li>Understands the purpose of writing</li> <li>Writes letters and words</li> </ul>
<p><u>Pro-social Behavior:</u></p> <ul style="list-style-type: none"> <li>Plays well with other children</li> <li>Recognizes the feelings of others and responds appropriately</li> <li>Shares and respects the rights of others</li> <li>Uses thinking skills to resolve conflicts</li> </ul>		<p><u>Representation and Symbolic Thinking:</u></p> <ul style="list-style-type: none"> <li>Takes on pretend roles and situations</li> <li>Makes believe with objects</li> <li>Makes and interprets representations</li> </ul>	

## School Readiness Checklist

“School Readiness” is a term often used to describe how ready children are socially, physically, and intellectually, to start formal schooling – usually kindergarten. Below is a list of tasks which may help you determine if your son or daughter is “ready” for school.

### **Can your child/does your child...**

- \_\_\_\_\_ Know the names of colors
- \_\_\_\_\_ Identify some letters
- \_\_\_\_\_ Count to 10
- \_\_\_\_\_ Write his/her first name
- \_\_\_\_\_ Know his/her own age
- \_\_\_\_\_ Count items
- \_\_\_\_\_ Know his/her telephone number
- \_\_\_\_\_ Know his/her birthday (month/day)
- \_\_\_\_\_ Understand the concept of “same” and “different”
- \_\_\_\_\_ Play cooperatively with others
- \_\_\_\_\_ Follow 2 to 3 part commands/directions
- \_\_\_\_\_ Sit still and pay attention during class for to 10 minutes
- \_\_\_\_\_ Listen to and understand simple stories
- \_\_\_\_\_ Know some songs and rhymes
- \_\_\_\_\_ Tell and retell familiar stories
- \_\_\_\_\_ Spend extended time away from parents
- \_\_\_\_\_ Able to use pencils or paint brushes
- \_\_\_\_\_ Verbally communicate his/her wants and needs
- \_\_\_\_\_ Show enthusiasm and curiosity about new activities
- \_\_\_\_\_ Take turns
- \_\_\_\_\_ Is sensitive to other children’s feelings
- \_\_\_\_\_ Has a basic awareness of self/family and community



### **Without your help, can your child...**

- \_\_\_\_\_ Use the toilet
- \_\_\_\_\_ Wash his/her hands
- \_\_\_\_\_ Put on and take off a coat
- \_\_\_\_\_ Tie Shoes
- \_\_\_\_\_ Snap, button, zip and belt pants
- \_\_\_\_\_ Use silverware
- \_\_\_\_\_ Eat unassisted
- \_\_\_\_\_ Put away toys when asked



### **Has your child...**

- \_\_\_\_\_ Had required up immunizations
- \_\_\_\_\_ Received dental check ups
- \_\_\_\_\_ Eaten at regular times daily
- \_\_\_\_\_ learned to run, jump, skip, climb, swing, use balls



Most early childhood experts agree that children continue to have wide variations in their development until about the age of seven. Children develop intellectual, social, emotional, and physical skills at different times and at their own pace. Because children develop skills at varying times, it is difficult to list specific tasks and behaviors to ensure school readiness.

So, while letter recognition, knowledge of animals and sounds, big and little, up and down, are important to know, it is **MORE** important that your child is socially, emotionally, and physically ready to tackle the pressures of school.

# Early Entrance to Kindergarten Application Form

(to be completed by Parent/Guardian)

(Please attach birth certificate to this form.)

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings: (Please list name, gender, and age of each in the space provided.)

<i>Name</i>	<i>Gender</i>	<i>Age</i>

Has the child had a preschool experience?  Yes  No

If your answer is yes, where and what type of experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

# PARENT INTERVIEW FOR EARLY ENTRANCE

Student \_\_\_\_\_ Parents \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone # \_\_\_\_\_

Date \_\_\_\_\_

1. Reason for request for early entrance
2. Developmental history
3. Preschool experiences
4. Observational data
5. Other information

# Elementary (K-5) Acceleration

## **Grade Level Acceleration**

Student is moved ahead of normal grade placement, either during the academic year or at the end of the school year. It is preferred that requests for grade level acceleration be made by the end of the third quarter of the prior year.

## **Reading and Math**

Within the K-5 reading and math program students are placed in flexible groups at an appropriate instructional level. Students are placed in these groups based on their data. Movement of students in the program is coordinated by the teacher. Any parent with a question or concern about the placement of their student should contact the classroom teacher.

# **Elementary Grade Level Acceleration**

## **Program Description**

- To provide a consistent and challenging academic program by allowing students to advance a grade level.

## **Program Goals**

- To assist the student who is highly advanced academically and would benefit from an accelerated and/or advanced curriculum and to provide opportunities for students to interact with others of similar abilities and achievement levels.

## **Student Characteristics**

- High ability
- Advanced cognitive development
- High achievement/performance levels
- High level of social/emotional development

## **Level**

- Kindergarten
- Grades 1-5

## **Program Administrator/Local Contact Person**

- Building Administrator/Designee

## **Enrollment/Placement Procedure**

*Referrals for Kindergarten acceleration to Grade 1 may be made by the classroom teacher at any time during the school year.*

*Referrals for Kindergarten acceleration to Grade 1 will be accepted from parents/guardians after January 1st of the student's Kindergarten year.*

- After a request for acceleration has been received by the principal from parents/guardians or the classroom teacher, the acceleration team discusses the possibility of grade acceleration. The acceleration team is composed of the following members:
  - Building Principal
  - Current classroom teacher(s)
  - Parents/Guardians (Present at final acceleration team meeting.)
  - School Psychologist
  - Assistant Superintendent, Teaching & Learning

Optional Participants to be determined by the acceleration team could include:

- School counselor
- School social worker
- District High Potential Coordinator
- Potential classroom teacher(s)
- Others to be determined by the team

- 1) A written request for grade acceleration is received by the building principal from the parent/guardian or teacher.
- 2) The Acceleration Team is contacted by the building principal to discuss the completion of the Iowa Acceleration Scale and the *Grade Acceleration Parent Information* document and to discuss the process. A meeting is set up with the necessary staff to plan the process.
- 3) Parents/guardians complete *Grade Acceleration Parent Information* form.
- 4) The classroom teacher will complete *Grade Teacher Acceleration Information* form. If necessary, data beyond the Iowa Acceleration Scale is collected. Examples of other data includes end of unit or year tests, grades, etc.
- 5) For a student with previous experience only being homeschooled curriculum, unit tests, norm referenced tests and other relevant materials should be gathered.
- 6) If the student is a homeschool student, the pieces of the Iowa Acceleration Scale classroom teachers would provide information on will need to be completed by the school psychologist by interviewing the parent(s).
- 7) Once the data is gathered, an Acceleration Team meeting is held and a recommendation is determined by the team.
- 8) The final Acceleration Team meeting with the parents/guardians is set up by the building principal with all team members in attendance.
- 9) A decision is reached. The decision is for the district not only the individual school.
- 10) *Elementary Grade Acceleration Recommendation Form* is completed
- 11) *Elementary Grade Acceleration Resolution* form is completed
- 12) The *Review Staffing* document is scheduled to complete at a later date.
- 13) If the student is grade accelerated, the principal notifies the district MARSS Coordinator to make the appropriate grade adjustment to the student MARSS database.
- 14) The following documentation will be placed in the student cumulative folder:
  - *Grade Acceleration Parent Information* forms
- 15) All of the documents including Iowa Acceleration Scale will be given to the Assistant Superintendent to be kept on file.

## **Appeal Process**

Written appeal requests are to be made by parents/guardians, within seven calendar days, to the Superintendent designee. Upon request, appeal forms are available from the building principal/school office. The Superintendent's decision is final.

Attached Documents: Elementary Grade Acceleration Parent Information  
Elementary Grade Acceleration Parent/Guardian Appeal Form  
Review Staffing  
Elementary Grade Acceleration Teacher Information  
Elementary Grade Acceleration Recommendation  
Elementary Grade Acceleration Resolution

## Elementary Grade Acceleration Parent Information

Name of person(s) completing this form \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Current School of Attendance \_\_\_\_\_

## Early Entrance to Kindergarten Application Form

(Please attach birth certificate to this form.)

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings: (Please list name, gender, and age of each in the space provided.)

<i>Name</i>	<i>Gender</i>	<i>Age</i>

Has the child had a preschool experience?       Yes  No

If you answer is yes, where and what type of experience?

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\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## **Elementary Grade Acceleration Parent Information** (continued)

1. What is your best estimate of your child's ability level?  
\_\_\_ High Ability    \_\_\_ Above-Average Ability    \_\_\_ Average Ability    \_\_\_ Low Ability
2. Do you feel your child may be a high potential, high performing student or have special talents?  
(Provide pertinent information, a listing of specialized interests, etc.)  
\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

Please list information supporting your answer.

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3. Has your child ever skipped a grade?  Yes  No  
If yes, indicate the grade level skipped. \_\_\_\_\_
4. Was your child an early entrant (entered school underage)?  Yes  No
5. What was this child's chronological age at the time of school entrance?    \_\_\_ Yrs    \_\_\_ Mos
6. Does your child speak English as a second language?  Yes  No
7. Has your student received any private tutoring?  Yes  No  
If yes, provide additional information. \_\_\_\_\_
8. Has this student ever had an extra year of learning time in any form?  Yes  No  
If yes, please indicate if this student:
  - Stayed home an extra year
  - Spent an extra year in a day care or preschool setting
  - Took an extra year in a pre-kindergarten or transition grade
  - Been retained in a grade
  - Remained an extra year in a multi-age classroom
  - Other (please specify) \_\_\_\_\_

Comments \_\_\_\_\_

## Elementary Grade Acceleration Parent Information (continued)

9. Has this student experienced significantly little challenge in the following grades?

Check all that apply:

- Kindergarten       Yes  No  N/A  
 1<sup>st</sup> Grade             Yes  No  N/A  
 2<sup>nd</sup> Grade             Yes  No  N/A  
 3<sup>rd</sup> grade             Yes  No  N/A  
 4<sup>th</sup> grade             Yes  No  N/A

Comments \_\_\_\_\_  
 \_\_\_\_\_

Does your child have special academic needs not addressed at the current grade level?

Yes  No Explain \_\_\_\_\_  
 \_\_\_\_\_

10. Does your child...

	<u>Rarely/Never</u>	<u>Sometimes</u>	<u>Usually/Always</u>
● Enjoy School?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Want to go to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Feel school is too easy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Prefer the company of older children and adults for social interaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Prefer the company of age mates or younger children for social interaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Have high interest areas that they want to learn about and that they stay with for a period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Appear anxious, depressed or withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Take responsibility for their actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Show an ability to solve personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Appear to accept him/herself positively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

**Elementary Grade Acceleration Parent Information** (continued)

11. How does your child feel about completing his/her school work?

- Wants to complete all work       Completes work considered interesting  
 Does not complete work; considered non-challenging and repetitive

Comments \_\_\_\_\_

12. How would you describe your child's level of motivation?

- High motivation       Moderate motivation       Low motivation

13. In your opinion is this student assigned to the wrong grade?     Yes     No

Comments \_\_\_\_\_

14. Do you have any concerns about your child's ability to meet the school's grade-level standards if the student is accelerated a grade level?     Yes     No

Comments \_\_\_\_\_

15. Check all district / in –school strategies / programs that have been tried to date:

- Differentiated Instruction/Curriculum  
 Counseling Services  
 Been included in an upper grade level reading or math class  
 Other strategies (please list below)

Please comment on the results of these strategies.

\_\_\_\_\_

16. What school-sponsored or community sponsored activities does your child participate in (ex. athletics, music program, club.)

\_\_\_\_\_

17. Have you discussed grade acceleration with your child/family?     Yes     No

Does the student support the grade acceleration?     Yes     No

18. What is the parents/guardians' attitude toward your child being accelerated a grade level?

- I/we support the acceleration of our child at this time.  
 I/we are unsure about having our child accelerated at this time.  
 I/we are opposed to having our child accelerated at this time.

Comments \_\_\_\_\_

## Elementary Grade Acceleration Teacher Information

Name of teacher(s) completing this form: \_\_\_\_\_ Date \_\_\_\_\_

Student's Name: \_\_\_\_\_

Current Grade level: \_\_\_\_\_ Current School of Attendance: \_\_\_\_\_

1. What is your best estimate of this student's ability level?

High Ability    Above-Average Ability    Average Ability    Low Ability

2. Provide relevant test scores from MCA's, STAR, CogAT, etc.:

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3. Do you feel this student may be high potential, high performing student or have special talents? (Teacher provides pertinent information, documentation of daily classroom work/performance, a list of specialized interests, etc.)

Yes    No    Unsure

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Has this student mastered most/all current grade level objectives and skills?  Yes    No

Explain: \_\_\_\_\_

5. Does this student's academic behavior indicate a special need?  Yes    No

Explain: \_\_\_\_\_

## Elementary Grade Acceleration Teacher Information (continued)

6. Does this child...

	Rarely/Never	Sometimes	Usually/Always
Enjoy School?			
Complete assignments?			
Stay on task and pay attention?			
Feel school is too easy			
Demonstrate age-appropriate fine motor skills?			
Demonstrate age-appropriate large motor skills?			
Demonstrate physical development within the normal range for his/her age/			
Prefer the company of older children and adults for social interaction?			
Prefer the company of age mates or younger children for social interaction?			
Prefer to continue with a high interest task rather than easily shift from one classroom activity to another			
Follow rules			
Get along well with others?			
Take responsibility for their own actions?			
Establish appropriate friendships?			
Show respect for self and others?			
Seek assistance and attention appropriately?			
Attend to classroom activities appropriately?			
React to conflict and frustration appropriately?			

Comments \_\_\_\_\_

7. How would you describe this student's level of motivation?

- Highly motivated    Moderate motivation    Low motivation

Comments: \_\_\_\_\_

8. Does this student perform well on tests but does not turn in expected assignments?

- Always    Most of the time    Sometimes    Seldom    Never

Comments: \_\_\_\_\_

9. Do you have any concerns about this student's ability to meet the school/district grade level standards if the student is accelerated a grade level?

- Yes    No

**Elementary Grade Acceleration Teacher Information** (continued)

10. Check all district/in-school strategies/programs that have been tried to date:

- |   |  |
|---|--|
| <input type="checkbox"/> Accelerated learning   | <input type="checkbox"/> Differentiated Instruction/Curriculum       |
| <input type="checkbox"/> In-school tutoring   | <input type="checkbox"/> Extensive academic activity pull-out groups |
| <input type="checkbox"/> Been included in an upper grade level<br>reading or math class | <input type="checkbox"/> Counseling services                         |
| <input type="checkbox"/> Extensive academic activity/competition participation          | <input type="checkbox"/> Quest                                       |

Comment on the results of these strategies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What classroom differentiation and adaptations have been instituted to date?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please comment on these adaptations and differentiations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Elementary Grade Acceleration Recommendation

(to be completed at the final meeting)

Do the following acceleration team members in attendance at the staffing believe this student is likely to benefit from grade acceleration?

Member Name	Role	Yes	No	Unsure

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List services to be provided for this student

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Elementary Grade Acceleration Resolution

The grade acceleration team recommends the student:

- Accelerate a grade level and receive additional specified services.
- Continue current grade progression with specified content area acceleration.
- Continue current grade progression and receive additional specified services.
- Other-Please specify:

Comments:

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### Parents/Guardian Response to Team Recommendations

- |  |                              |      |
|--|------------------------------|------|
| <input type="checkbox"/> I agree with the recommendation.    |                              |      |
|  | Parent/Guardian Signature    | Date |
| <input type="checkbox"/> I agree with the recommendation.    |                              |      |
|  | Principal/Designee Signature | Date |
| <input type="checkbox"/> I disagree with the recommendation. |                              |      |
|  | Parent/Guardian Signature    | Date |
| <input type="checkbox"/> I disagree with the recommendation. |                              |      |
|  | Principal/Designee Signature | Date |

Student's Name: \_\_\_\_\_ Date of Recommendation: \_\_\_\_\_

Remaining at Current Grade Level of \_\_\_\_\_ Promoting to Grade Level \_\_\_\_\_

*Written appeal requests may be obtained from the building principal/school office.  
An appeal form must be completed and returned to the Superintendent's office within seven (7) calendar days of the acceleration team staffing.*

## Grade Acceleration Parent/Guardian Appeal Form

Parents/Guardians Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Staffing Recommendation \_\_\_\_\_ Date of Written Appeal \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Reasons for Appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

*Appeal form must be completed and returned to the Superintendent's Office within seven (7) calendar days of the acceleration team staffing.*

# REVIEW STAFFING

The subject acceleration team recommends scheduling a staffing to review the student's progress:

Date \_\_\_\_\_ Time & Place \_\_\_\_\_

Team members to attend review:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Goals and Concerns to be reviewed:

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Result of Review Staffing:

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# Middle School Acceleration Options

Note: Acceleration options are not limited to the listed strategies

- Grade Acceleration:** Student is moved ahead of normal grade placement promotion either during the academic year or at the end of the school year. . It is preferred that requests for grade level acceleration be made by the end of the third quarter of the prior year.
- Subject Acceleration:** Student is placed, for part of the day, with students at more advanced grade levels for one or more subjects without being assigned to a higher grade level. This may involve a student moving between buildings daily or weekly.

# **Middle School Grade Level Acceleration**

## **Program Description**

- To provide a consistent and challenging academic program by allowing students to advance a grade level.

## **Program Goals**

- To assist the student who is highly advanced academically and would benefit from an accelerated and/or advanced curriculum and to provide opportunities for students to interact with others of similar abilities and achievement levels

## **Student Characteristics**

- High ability
- Advanced cognitive development
- High achievement/performance levels
- High level of social/emotional development

## **Level**

- Grades 6-8

## **Program Administrator/Local Contact Person**

- Building Administrator/Designee

## **Enrollment/Placement Procedure**

- After a request for acceleration has been received by the principal from parents/guardians or the classroom teacher, the acceleration team discusses the possibility of grade acceleration. The acceleration team is composed of the following members:

- Building Administrator/Designee
- Current classroom teacher(s)
- Parents/Guardians (Present at final acceleration team meeting)
- School Psychologist
- Assistant Superintendent, Teaching & Learning

Optional Participants to be determined by the acceleration team could include:

- School counselor
- School social worker
- Potential classroom teacher(s)
- High Potential Team
- Others to be determined by the team

## **Middle School Grade Level Acceleration** (continued)

### **Appeal Process**

Written appeal requests are to be made by parents/guardians, within seven calendar days, to the Superintendent designee. Upon request, appeal forms are available from the building principal/school office. Superintendent's decision is final.

- 1) A written request for grade acceleration is received by the building principal from the parent/guardian or teacher.
- 2) The Acceleration Team is contacted by the building principal to discuss the completion of the Iowa Acceleration Scale and the *Grade Acceleration Parent Information* document and to discuss the process. A meeting is set up with the necessary staff to plan the process.
- 3) Parents/guardians complete *Grade Acceleration Parent Information* form.
- 4) The classroom teacher will complete *Grade Teacher Acceleration Information* form. If necessary, data beyond the Iowa Acceleration Scale is collected. Examples of other data includes end of unit or year tests, grades, etc.
- 5) For a student with previous experience being only homeschooled curriculum, unit tests, norm referenced tests and other relevant materials should be gathered.
- 6) If the student is a homeschool student, the pieces of the Iowa Acceleration Scale classroom teachers would provide information on will need to be completed by the school psychologist by interviewing the parent(s).
- 7) Once the data is gathered, an Acceleration Team meeting is held and a recommendation is determined by the team.
- 8) The final Acceleration Team meeting with the parents/guardians is set up by the building principal with all team members in attendance.
- 9) A decision is reached.
- 10) *Middle School Grade Acceleration Recommendation* Form is completed
- 11) *Middle School Grade Acceleration Resolution* form is completed
- 12) The *Review Staffing* document is scheduled to complete at a later date.
- 13) If the student is grade accelerated, the principal notifies the district MARSS Coordinator to make the appropriate grade adjustment to the student MARSS database.
- 14) The following documentation will be placed in the student cumulative folder:
  - *Grade Acceleration Parent Information* forms
- 15) All of the documents including Iowa Acceleration Scale will be given to the Assistant Superintendent to be kept on file.

## **Appeal Process**

Written appeal requests are to be made by parents/guardians, within seven calendars days, to the Superintendent designee. Upon request, appeal forms are available from the building principal/school office. Superintendent's decision is final.

Attached Documents: Middle School Grade Acceleration Parent Information  
Middle School Grade Acceleration Parent/Guardian Appeal Form  
Middle School Grade Acceleration Teacher Information  
Middle School Grade Acceleration Recommendation  
Middle School Grade Acceleration Resolution

## Middle School Grade Acceleration Parent Information

Name of person(s) completing this form \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Current School of Attendance \_\_\_\_\_

1. What is your best estimate of your child's ability level?

\_\_\_ High Ability    \_\_\_ Above-Average Ability    \_\_\_ Average Ability    \_\_\_ Low Ability

2. Do you feel your child may be a high potential, high performing student or have special talents?

(Provide pertinent information, a listing of specialized interests, etc.)

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

Please list information supporting your answer.

\_\_\_\_\_  
\_\_\_\_\_

3. Has your child ever skipped a grade?

Yes  No

If yes, indicate the grade level skipped. \_\_\_\_\_

4. Was this child an early entrant (entered school underage)?

Yes  No

5. What was this child's chronological age at the time of school entrance?

\_\_\_ Yrs \_\_\_ Mos

6. Does your child speak English as a second language?

Yes  No

7. Has this student received any private tutoring?

Yes  No

Comments \_\_\_\_\_

8. Has this student ever had an extra year of learning time in any form?

Yes  No

If yes, please indicate if this student:

Stayed home an extra year

Spent an extra year in a day care or preschool setting

Took an extra year in a pre-kindergarten or transition grade

Been retained in a grade

Remained an extra year in a multi-age classroom

Other (please specify) \_\_\_\_\_

Comments \_\_\_\_\_

## Middle School Grade Acceleration Parent Information (continued)

9. Has this student experienced significantly little challenge in the following grades?

Check all that apply:

Kindergarten -4<sup>th</sup> grade       Yes  No  N/A

5<sup>th</sup>-8<sup>th</sup> grade                       Yes  No  N/A

9<sup>th</sup>-12<sup>th</sup> grade                       Yes  No  N/A

Please comment on specific items.

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Does your child have special academic needs not addressed at the current grade level?

Yes  No Explain \_\_\_\_\_

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10. Does your child...

	<u>Rarely/Never</u>	<u>Sometimes</u>	<u>Usually/Always</u>
● Enjoy School?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Want to go to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Feel school is too easy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Prefer the company of older children and adults for social interaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Prefer the company of age mates or younger children for social interaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Have high interest areas that they want to learn about and that they stay with for a period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Appear anxious, depressed or withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Take responsibility for their actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Show an ability to solve personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Appear to accept him/herself positively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



**Middle School Grade Acceleration Parent Information** (continued)

11. How does your child feel about completing his/her school work?

- Wants to complete all work       Completes work considered interesting  
 Does not complete work; considered non-challenging and repetitive

Comments \_\_\_\_\_

12. How would you describe your child's level of motivation?

- High motivation       Moderate motivation       Low motivation

13. In your opinion is this student assigned to the wrong grade?     Yes     No

Comments \_\_\_\_\_

14. Do you have any concerns about your child's ability to meet the school's grade-level standards if the student is accelerated a grade level?     Yes     No

Comments \_\_\_\_\_

15. Check all district / in –school strategies / programs that have been tried to date:

- Differentiated Instruction/Curriculum  
 Counseling Services  
 Been included in an upper grade level reading or math class  
 Other strategies (please list below)

Please comment on the results of these strategies.

\_\_\_\_\_  
\_\_\_\_\_

16. Have you discussed grade acceleration with your child/family?     Yes     No

Does the student support the grade acceleration?     Yes     No

17. What is the parents/guardians' attitude toward their child being accelerated a grade level?

- I/we support the acceleration of our child at this time.  
 I/we are unsure about having our child accelerated at this time.  
 I/we are opposed to having our child accelerated at this time.

Comments \_\_\_\_\_

## Middle School Grade Acceleration Teacher Information

Name of teacher(s) completing this form: \_\_\_\_\_ Date \_\_\_\_\_

Student's Name: \_\_\_\_\_

Current Grade level: \_\_\_\_\_ Current School of Attendance: \_\_\_\_\_

1. What is your best estimate of this student's ability level?

- High Ability    Above-Average Ability    Average Ability    Low Ability

2. Provide relevant test scores from MCA's, STAR, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the teacher feel this student may be high potential, high performing student or have special talents? (Teacher provides pertinent information, documentation of daily classroom work/performance, a list of specialized interests, etc.)

- Yes    No    Unsure

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Has this student mastered most/all current grade level standards?  Yes    No

Explain: \_\_\_\_\_

5. Does this student's academic behavior indicate a special need?  Yes    No

Explain: \_\_\_\_\_

## Middle School Grade Acceleration Teacher Information (continued)

6. Does this child...

	Rarely/Never	Sometimes	Usually/Always
Enjoy School?			
Complete assignments?			
Stay on task and pay attention?			
Feel school is too easy			
Demonstrate physical development within the normal range for his/her age/			
Prefer the company of older children and adults for social interaction?			
Prefer the company of age mates or younger children for social interaction?			
Prefer to continue with a high interest task rather than easily shift from one classroom activity to another			
Follow rules			
Get along well with others?			
Take responsibility for their own actions?			
Establish appropriate friendships?			
Show respect for self and others?			
Seek assistance and attention appropriately?			
Attend to classroom activities appropriately?			
React to conflict and frustration appropriately?			

Comments \_\_\_\_\_

7. How would you describe this student's level of motivation?

Highly motivated    Moderate motivation    Low motivation

Comments: \_\_\_\_\_

**Middle School Grade Acceleration Teacher Information** (continued)

8. Does this student perform well on tests, but does not turn in expected assignments?

- Always  Most of the time  Sometimes  Seldom  Never

Comments: \_\_\_\_\_

9. Do you have any concerns about this student’s ability to meet the school/district grade level standards if the student is accelerated a grade level?

- Yes  No

10. Check all district/in-school strategies/programs that have been tried to date:

- |  |  |
|--|--|
| <input type="checkbox"/> Accelerated learning  | <input type="checkbox"/> Differentiated Instruction/Curriculum       |
| <input type="checkbox"/> In-school tutoring  | <input type="checkbox"/> Extensive academic activity pull-out groups |
| <input type="checkbox"/> Been included in an upper grade level reading or math class | <input type="checkbox"/> Counseling services                         |
| <input type="checkbox"/> Extensive academic activity/competition participation       |  |

Comment on the results of these strategies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. What classroom differentiation and adaptations have been instituted to dated?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Please comment on these adaptations and differentiations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Middle School Grade Acceleration Recommendation

(to be completed at the final meeting)

Do the following acceleration team members in attendance at the staffing believe this student is likely to benefit from grade acceleration?

Member Name	Role	Yes	No	Unsure

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List services to be provided for this student

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Middle School Grade Acceleration Resolution**

The grade acceleration team recommends the student:

- Accelerate a grade level and receive additional specified services.
- Continue current grade progression with specified content area acceleration.
- Continue current grade progression and receive additional specified services.
- Other-Please specify:

Comments:

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### **Parents/Guardian Response to Team Recommendations**

- |  |                              |      |
|--|------------------------------|------|
| <input type="checkbox"/> I agree with the recommendation.    |                              |      |
|  | Parent/Guardian Signature    | Date |
| <input type="checkbox"/> I agree with the recommendation.    |                              |      |
|  | Principal/Designee Signature | Date |
| <input type="checkbox"/> I disagree with the recommendation. |                              |      |
|  | Parent/Guardian Signature    | Date |
| <input type="checkbox"/> I disagree with the recommendation. |                              |      |
|  | Principal/Designee Signature | Date |

**Student's Name:** \_\_\_\_\_ **Date of Recommendation:** \_\_\_\_\_

**Remaining at Current Grade Level of** \_\_\_\_\_ **Promoting to Grade Level** \_\_\_\_\_

*Written appeal requests may be obtained from the building principal/school office.  
An appeal form must be completed and returned to the Superintendent's office within seven (7) calendar days of the acceleration team staffing.*

**Grade Acceleration Parent/Guardian Appeal Form**

Parents/Guardians Names \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Staffing Recommendation \_\_\_\_\_ Date of Written Appeal \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Reasons for Appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Appeal form must be completed and returned to the Superintendent's Office within seven calendar days of the acceleration team staffing.*

# MIDDLE SCHOOL SUBJECT ACCELERATION

- A student is placed, for part of the day, with students at a more advanced grade level for one or more subjects without being assigned to a higher grade level. This may involve a student moving between buildings daily or weekly. Subject acceleration may involve programming choices to be made by the acceleration team.
- In the area of math, beginning in 7<sup>th</sup> grade students are chosen based on the data and offered to be in Honors Math. Parents/Guardians are notified of this placement and contact the school if they do not want the child in the class.

# Middle School Subject Acceleration

## Subject Acceleration

### Program Description

- To provide a consistent and challenging academic program by allowing students to advance a subject level.

### Program Goals

- To assist the student who is highly advanced academically in a specific subject area and would benefit from an accelerated and/or advanced curriculum and to provide opportunities for students to interact with others of similar abilities and achievement levels.

### Student Characteristics

- High ability
- Advanced cognitive development
- High achievement/performance levels in a specific subject area
- High level of social/emotional development

### Level

- Grade 6-8

### Program Administrator/Local Contact Person

- Building Administrator/Designee

### Enrollment/Placement Procedure

- After a request for acceleration has been received by the principal from parents/guardians or the classroom teacher, the Acceleration Team discusses the possibility of subject acceleration. The acceleration team is composed of the following members:

- Building Administrator/Designee
- Current classroom teacher(s)
- School counselor
- Potential classroom teacher(s)
- Parents/Guardians (Present at final acceleration team meeting.)

Optional Participants to be determined by the acceleration team could include:

- School counselor
- Others to be determined by the team

1. A written request for grade acceleration is received by the building principal from the parent/guardian or teacher. A response will be given to the person completing the written request within 15 school days of the application.
2. The *Subject Acceleration Team* is contacted by the building principal to discuss the process.
3. The building principal routes the *Subject Acceleration Teacher* document and the Parent Information checklist to the appropriate people with a date by which to have the completed forms returned to the building principal.
4. The teacher completes the *Subject Acceleration Teacher Information* form.
5. The parents/guardians complete *Subject Acceleration Parent Information* form.
6. Further data gathering, as deemed necessary, is completed for a developmental student profile. Examples include end of unit or year tests, grades, etc. All of the student's assessment data will be attached.

7. Once the data is gathered, an Acceleration Team meeting is held and a recommendation made. The *Subject Acceleration Recommendation* form is completed.
8. The team meeting will be led by the building principal.
9. All documents will be reviewed by the team.
10. Final acceleration team meeting with parents is conducted and led by the building principal.
11. A decision is reached and a *Subject Acceleration Resolution* Form is completed.
12. Place following documentation in student cumulative folder:
13. *Subject Acceleration Resolution* form is completed.
14. All documents will be sent to the Assistant Superintendent to be kept on file.

### **Appeal Process**

Written appeal requests are to be made by parents/guardians, within seven calendar days of the final Acceleration Team meeting, to the Superintendent designee. Upon request, appeal forms are available from the building principal/school office. Superintendent's decision is final.

Attached Documents:    Subject Acceleration Teacher Information  
                                  Subject Acceleration Parent Information  
                                  Subject Acceleration Recommendation  
                                  Subject Acceleration Resolution  
                                  Review staffing form  
                                  Subject Acceleration Parent/Guardian Appeal Form

## **Middle School Subject Acceleration Teacher Information**

Name of teacher(s) completing this form \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Current School of Attendance \_\_\_\_\_

1. What is your best estimate of this student's ability level?

High Ability     Above-Average Ability     Average Ability     Low Ability

2. Provide relevant assessment scores for any assessments the student has taken from MCA's, STAR, etc:

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3. Do you feel this student may be a high potential, high performing student or have special talents? (Teacher provides pertinent information, documentation of daily classroom work/performance, a listing of specialized interests, etc.)

Yes     No     Unsure

Comments \_\_\_\_\_

4. Has this student mastered most or all current grade level subject standards?  Yes  No

Explain \_\_\_\_\_

5. Does this student's academic behavior indicate a special need?  Yes  No

Explain \_\_\_\_\_

## Middle School Subject Acceleration Parent Information

Name of person(s) completing this form \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Current School of Attendance \_\_\_\_\_

Subject Proposed \_\_\_\_\_

1. What is your best estimate of your child's ability level?

\_\_\_ High Ability      \_\_\_ Above-Average Ability      \_\_\_ Average Ability      \_\_\_ Low Ability

6. Do you feel your child may be a high potential, high performing student or have special talents? (Provide pertinent information, a listing of specialized interests, etc.)

\_\_\_ Yes      \_\_\_ No      \_\_\_ Unsure

Comments \_\_\_\_\_

\_\_\_\_\_

7. Has your child ever skipped a grade?

Yes  No

If yes, indicate the grade level skipped. \_\_\_\_\_

8. Was this child an early entrant (entered school underage)?

Yes  No

9. What was this child's chronological age at the time of school entrance?

\_\_\_ Yrs \_\_\_ Mos

10. Does your child speak English as a second language?

Yes  No

11. Has this student received any private tutoring?

Yes  No

Comments \_\_\_\_\_

12. Has this student ever had an extra year of learning time in any form?

Yes  No

If yes, please indicate if this student:

Stayed home an extra year

Spent an extra year in a day care or preschool setting

Took an extra year in a pre-kindergarten or transition grade

Been retained in a grade

Remained an extra year in a multi-age classroom

Other (please specify) \_\_\_\_\_

Comments \_\_\_\_\_

13. Has this student experienced significantly little challenge in the following programs/grades?  
Check all that apply:

Kindergarten -4<sup>th</sup> grade       Yes  No  N/A

5<sup>th</sup>-8<sup>th</sup> grade                       Yes  No  N/A

9<sup>th</sup>-12<sup>th</sup> grade                       Yes  No  N/A

Comments \_\_\_\_\_  
\_\_\_\_\_

14. Does your child have special academic needs not addressed at the current grade level?

Yes  No Explain \_\_\_\_\_  
\_\_\_\_\_

## Subject Acceleration Recommendation

Do the following acceleration team members in attendance reach significant consensus\* at the staffing and believe this student is likely to benefit from subject acceleration?

Member Name	Role	Yes	No	Unsure

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the services to be provided for this student  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Significant consensus means all but one person is in agreement.



## **Subject Acceleration Resolution**

The grade acceleration team recommends the student:

- Accelerate a subject level and receive additional specified services.
- Continue current subject progression with specified content area acceleration.
- Continue current subject progression and receive additional specified services.
- Other (Please specify) \_\_\_\_\_

Comments \_\_\_\_\_

### **Parent/Guardian Response to Team Recommendation**

- |  |                              |       |
|--|------------------------------|-------|
| <input type="checkbox"/> I agree with the recommendation.    | _____                        | _____ |
|  | Parent/Guardian Signature    | Date  |
| <input type="checkbox"/> I agree with the recommendation.    | _____                        | _____ |
|  | Principal/Designee Signature | Date  |
| <input type="checkbox"/> I disagree with the recommendation. | _____                        | _____ |
|  | Parent/Guardian Signature    | Date  |
| <input type="checkbox"/> I disagree with the recommendation. | _____                        | _____ |
|  | Principal/Designee Signature | Date  |

**Student's Name** \_\_\_\_\_ **Date of Recommendation** \_\_\_\_\_

**Remaining at Current Subject Level of** \_\_\_\_\_ **Promoting to Subject Level** \_\_\_\_\_

*Written appeal requests may be obtained from the building principal/school office.*

## Review Staffing

The subject acceleration team recommends scheduling a staffing to review the student's progress:

Date \_\_\_\_\_ Time & Place \_\_\_\_\_

Team members to attend review:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Goals and Concerns to be reviewed:

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Result of Review Staffing:

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# Subject Acceleration Parent/Guardian Appeal Form

Parents/Guardians Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Staffing Recommendation \_\_\_\_\_ Date of Written Appeal \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Reasons for Appeal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Appeal form must be completed and returned to the Superintendent's Office within seven calendar days of the acceleration team staffing*

# High School Acceleration Options

Concurrent or Dual Enrollment	Student may enroll in a course which will give them college credit. For example, a student may take a course and receive both high school and college credit. Post-secondary institution policies related to grade point average and/or class ranking may impact admittance to concurrent enrollment courses.
Advanced Placement	Student may register for Advanced Placement courses at the Freshman, Sophomore, Junior or Senior level in high school. A passing score on the AP exam will make the student eligible for college credit.
Credit by Examination	Student receives high school credit upon successful completion of an examination.
Independent Study for electives	Student works with a faculty advisor to pursue an area of interest in great depth for regular credit when they have exhausted the sequence of a specific academic area. Contact your high school counselor to discuss.
Policy 620	Policy 620 addresses opportunities for students to receive credit for learning.

Note: Acceleration options are not limited to the listed strategies.