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.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Admission Testing Considerations</td>
<td>2</td>
</tr>
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<td><strong>Elementary (K-5) Acceleration</strong></td>
<td>8</td>
</tr>
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<td>22</td>
</tr>
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<td><strong>Middle School Subject Acceleration</strong></td>
<td>35</td>
</tr>
<tr>
<td><strong>High School Acceleration Options</strong></td>
<td>45</td>
</tr>
</tbody>
</table>
Early Admission Testing Considerations

Children whose fifth birthday falls between September 1st and January 15th 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 15th. 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 98th 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 98th 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?**

<table>
<thead>
<tr>
<th>Social / Emotional Development</th>
<th>Physical Development</th>
<th>Cognitive Development</th>
<th>Language Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Self:</td>
<td>Gross Motor:</td>
<td>Learning and Problem Solving:</td>
<td>Listening and Speaking:</td>
</tr>
<tr>
<td>Shows ability to adjust to new situations</td>
<td>Demonstrates basic locomotor skills (running, jumping, hopping, galloping)</td>
<td>Observes objects and events with curiosity</td>
<td>Hears and discriminates the sounds of language</td>
</tr>
<tr>
<td>Demonstrates appropriate trust in adults</td>
<td>Shows balance while moving</td>
<td>Approaches problems flexibly</td>
<td>Expresses self using words and expanded sentences</td>
</tr>
<tr>
<td>Recognizes own feelings and manages them appropriately</td>
<td>Climbs up and down</td>
<td>Shows persistence in approaching tasks</td>
<td>Understands and follows oral directions</td>
</tr>
<tr>
<td>Stands up for rights</td>
<td>Pedals and steers a tricycle (or other wheeled vehicle)</td>
<td>Explores cause and effect</td>
<td>Answers questions</td>
</tr>
<tr>
<td>Demonstrates throwing, kicking and catching skills</td>
<td></td>
<td>Applies knowledge or experience to a new content</td>
<td>Actively participates in conversations</td>
</tr>
<tr>
<td>Responsibility for Self and Others:</td>
<td>Fine Motor:</td>
<td>Logical Thinking:</td>
<td>Reading and Writing:</td>
</tr>
<tr>
<td>Demonstrates self-direction and independence</td>
<td>Controls small muscles in hands</td>
<td>Classifies objects</td>
<td>Enjoys and values reading</td>
</tr>
<tr>
<td>Takes responsibility for own well-being</td>
<td>Coordinates eye-hand movement</td>
<td>Compares/measures</td>
<td>Demonstrates understanding of print concepts</td>
</tr>
<tr>
<td>Respects and cares for classroom environment and materials</td>
<td>Uses tools for writing and drawing</td>
<td>Arranges objects in a series</td>
<td>Demonstrates knowledge of the alphabet</td>
</tr>
<tr>
<td>Follows classroom routines</td>
<td></td>
<td>Recognizes patterns and can repeat them</td>
<td>Uses emerging reading skills to make meaning from print</td>
</tr>
<tr>
<td>Follows classroom rules</td>
<td></td>
<td>Shows awareness of time concepts and sequence</td>
<td>Comprehends and interprets meaning from books and other texts</td>
</tr>
<tr>
<td>Pro-social Behavior:</td>
<td></td>
<td>Shows awareness of position in space</td>
<td>Understands the purpose of writing</td>
</tr>
<tr>
<td>Plays well with other children</td>
<td></td>
<td>Uses one-to-one correspondence</td>
<td>Writes letters and words</td>
</tr>
<tr>
<td>Recognizes the feelings of others and responds appropriately</td>
<td></td>
<td>Uses numbers and counting</td>
<td></td>
</tr>
<tr>
<td>Shares and respects the rights of others</td>
<td></td>
<td>Uses thinking skills to resolve conflicts</td>
<td></td>
</tr>
<tr>
<td>Uses thinking skills to resolve conflicts</td>
<td></td>
<td>Takes on pretend roles and situations</td>
<td></td>
</tr>
<tr>
<td>Representation and Symbolic Thinking:</td>
<td></td>
<td>Makes believe with objects</td>
<td></td>
</tr>
<tr>
<td>Makes and interprets representations</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**School Readiness Checklist**

_Alexandria Public Schools - ISD #206_

01-04-2023
“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 up 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

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)*

---

**Alexandria Public Schools - ISD #206**

01-04-2023
(Please attach a birth certificate to this form.)

Child’s Name_________________________ Birthdate______________________

Father’s Name__________________________ Mother’s Name__________________________

Home Address________________________________________________________________________

Home Telephone_________________________ Cell Phone__________________________

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
- Grade level acceleration requests must be completed by February 1st for the following 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 ___________________________________ Birth Date ______________________________

Current Grade Level ________________ Current School of Attendance ___________________________

Father’s Name ___________________________ Mother’s Name _____________________________

Home Address _________________________________________________________________________

Home Telephone ___________________________ Cell Phone _________________________________

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Parent/Guardian ___________________________ Date ______________

Alexandria Public Schools - ISD #206

01-04-2023
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?  
   If yes, indicate the grade level skipped. ____________  
   ☐Yes  ☐No

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?  
   If yes, provide additional information.  
   ☐Yes  ☐No

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 ____________________________________________________________

Alexandria Public Schools - ISD #206

01-04-2023
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
   - 1st Grade  ☐ Yes  ☐ No  ☐ N/A
   - 2nd Grade  ☐ Yes  ☐ No  ☐ N/A
   - 3rd Grade  ☐ Yes  ☐ No  ☐ N/A
   - 4th 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…

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

   Comments__________________________________________________________

Alexandria Public Schools - ISD #206

01-04-2023

14 | Acceleration Procedures
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_____________________________________________________________________

Alexandria Public Schools - ISD #206

01-04-2023

15 | Acceleration Procedures
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.:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

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…

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

**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

---

**Alexandria Public Schools - ISD #206**

01-04-2023
Elementary Grade Acceleration Teacher Information (continued)

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

☐ Accelerated learning  ☐ Differentiated Instruction/Curriculum
☐ In-school tutoring  ☐ Extensive academic activity pull-out groups
☐ Been included in an upper grade level  ☐ Counseling services
reading or math class  ☐ Quest
☐ Extensive academic activity/competition participation

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?

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Role</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Comments: ____________________________________________________________

______________________________________________________________________

______________________________________________________________________

List services to be provided for this student

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Alexandria Public Schools - ISD #206

01-04-2023
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:

Parents/Guardian Response to Team Recommendations

☐ I agree with the recommendation. _____________________________
   _____________________________
   Parent/Guardian Signature   Date

☐ I agree with the recommendation. _____________________________
   _____________________________
   Principal/Designee Signature   Date

☐ I disagree with the recommendation. _____________________________
   _____________________________
   Parent/Guardian Signature   Date

☐ 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

<table>
<thead>
<tr>
<th>Parents/Guardians Names</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
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<th>Date of Staffing Recommendation</th>
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<th>Student’s Name</th>
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<th>Reasons for Appeal:</th>
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Signature of person completing form  
Date

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*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:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Result of Review Staffing:
________________________________________________________________________________________
________________________________________________________________________________________

01-04-2023
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
- Grade level acceleration requests must be completed by February 1st for the following 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 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

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__________________________________________________________________

Alexandria Public Schools - ISD #206

01-04-2023
Middle School Grade Acceleration Parent Information (continued)

9. Has this student experienced significantly little challenge in the following grades?
Check all that apply:
- Kindergarten - 4th grade ☐ Yes ☐ No ☐ N/A
- 5th - 8th grade ☐ Yes ☐ No ☐ N/A
- 9th - 12th grade ☐ Yes ☐ No ☐ N/A

Please comment on specific items.

_____________________________________________________________________
_____________________________________________________________________

Does your child have special academic needs not addressed at the current grade level?
☐ Yes ☐ No Explain___________________________________________________________

_____________________________________________________________________

10. Does your child…

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<th>Rarely/Never</th>
<th>Sometimes</th>
<th>Usually/Always</th>
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Comments_____________________________________________________________________

Alexandria Public Schools - ISD #206

01-04-2023
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…

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Rarely/Never</th>
<th>Sometimes</th>
<th>Usually/Always</th>
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<tbody>
<tr>
<td>Enjoy School?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Complete assignments?</td>
<td></td>
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<td></td>
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<tr>
<td>Stay on task and pay attention?</td>
<td></td>
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<tr>
<td>Feel school is too easy</td>
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<tr>
<td>Demonstrate physical development within the normal range for his/her age</td>
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<tr>
<td>Prefer the company of older children and adults for social interaction?</td>
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<tr>
<td>Prefer the company of age mates or younger children for social interaction</td>
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<tr>
<td>Prefer to continue with a high interest task rather than easily shift from one classroom activity to another</td>
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<tr>
<td>Follow rules</td>
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<tr>
<td>Get along well with others?</td>
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<td></td>
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</tr>
<tr>
<td>Take responsibility for their own actions?</td>
<td></td>
<td></td>
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<tr>
<td>Establish appropriate friendships?</td>
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<tr>
<td>Show respect for self and others?</td>
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<tr>
<td>Seek assistance and attention appropriately?</td>
<td></td>
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<tr>
<td>Attend to classroom activities appropriately?</td>
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<tr>
<td>React to conflict and frustration appropriately?</td>
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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:
    ☐ Accelerated learning ☐ Differentiated Instruction/Curriculum
    ☐ In-school tutoring ☐ Extensive academic activity pull-out groups
    ☐ Been included in an upper grade level ☐ Counseling services
    ☐ reading or math class
    ☐ 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.
    ______________________________________________________________________________
    ______________________________________________________________________________
Do the following acceleration team members in attendance at the staffing believe this student is likely to benefit from grade acceleration?

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<tr>
<th>Member Name</th>
<th>Role</th>
<th>Yes</th>
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<th>Unsure</th>
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Comments:
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List services to be provided for this student
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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:

Parents/Guardian Response to Team Recommendations

☐ I agree with the recommendation. ________________________________________________________________
  Parent/Guardian Signature __________________________ Date ______________

☐ I agree with the recommendation. ________________________________________________________________
  Principal/Designee Signature __________________________ Date ______________

☐ I disagree with the recommendation. ________________________________________________________________
  Parent/Guardian Signature __________________________ Date ______________

☐ 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

<table>
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<tr>
<th>Parents/Guardians Names</th>
<th>Address</th>
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<th>Phone Number</th>
<th>Date of Staffing Recommendation</th>
<th>Date of Written Appeal</th>
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<tr>
<th>Student’s Name</th>
<th>School</th>
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Reasons for Appeal:

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*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 7th 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:

   __________________________________________________________
   __________________________________________________________

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___________________________________________________________________________________

Alexandria Public Schools - ISD #206
01-04-2023
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?

Alexandria Public Schools - ISD #206

01-04-2023
Check all that apply:

Kindergarten - 4th grade  ☐ Yes  ☐ No  ☐ N/A
5th - 8th grade  ☐ Yes  ☐ No  ☐ N/A
9th - 12th 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?

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<th>Member Name</th>
<th>Role</th>
<th>Yes</th>
<th>No</th>
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Comments

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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

- I agree with the recommendation. ___________________________________________ Date
  Parent/Guardian Signature Date

- I disagree with the recommendation. ___________________________________________ Date
  Parent/Guardian Signature Date

- I disagree with the recommendation. ___________________________________________ Date
  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.
The subject acceleration team recommends scheduling a staffing to review the student’s progress:

Date___________________  Time & Place_______________________________

Team members to attend review:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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Goals and Concerns to be reviewed:

____________________________________________________________________
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____________________________________________________________________

Result of Review Staffing:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Alexandria Public Schools - ISD #206

01-04-2023
# Subject Acceleration Parent/Guardian Appeal Form

<table>
<thead>
<tr>
<th>Parents/Guardians Names</th>
<th>_______________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>Phone Number</td>
<td>_____________________________________________</td>
</tr>
<tr>
<td>Date of Staffing Recommendation</td>
<td>___________________  Date of Written Appeal</td>
</tr>
<tr>
<td>Student’s Name</td>
<td>___________________  School</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>Concurrent or Dual Enrollment</td>
<td>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.</td>
</tr>
<tr>
<td>Advanced Placement</td>
<td>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.</td>
</tr>
<tr>
<td>Credit by Examination</td>
<td>Student receives high school credit upon successful completion of an examination.</td>
</tr>
<tr>
<td>Independent Study for electives</td>
<td>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.</td>
</tr>
<tr>
<td>Policy 620</td>
<td>Policy 620 addresses opportunities for students to receive credit for learning.</td>
</tr>
</tbody>
</table>

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