

SEQUIM SCHOOL DISTRICT
REQUEST FOR ACCELERATION

The Board believes in the practice of accelerating students as a result of demonstrated exceptional competency in areas of academic strength, as well as an entire grade. Parents/guardians or teachers wishing to have a student considered for content area or full grade acceleration in grades K-12 shall indicate interest by completing this form and returning it to the student's principal.

The District Highly Capable Coordinator will initiate/coordinate the completion of the IOWA Acceleration document. When completed, the parent/guardian shall be required to attend a conference with the student's principal, the Highly Capable Coordinator, and a current teacher as a part of this request. Final approval or disapproval of each request shall be determined based on evidence causing the principal to believe the student shall achieve at a satisfactory level if accelerated. This decision shall be communicated to the parent within forty-five (45) days of receiving the original receipt for acceleration.

Student Name _____ Birth Date _____

Parent Name _____ Date _____

Current School _____ Current Grade Level _____

Request is for Acceleration in: Content Area(s) _____ **OR** Full Grade Acceleration _____

Parent Reason for Request: _____

Parent/Teacher Conference Scheduled: _____

Outcome: Approved Denied

Reason: _____

Principal Signature: _____ Date: _____

Superintendent or Designee Signature: _____ Date: _____