

# Acceleration Procedures

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## General Benefits of Acceleration

Acceleration is perhaps the most effective intervention for enhancing the academic growth of advanced student. This is especially true for the academically able students. Research shows that acceleration has long-term benefits for these students.

## Types of Acceleration

- Whole-Grade Acceleration
- Individual Subject Acceleration
- Early Admission to Kindergarten
- Early High School Graduation

## Process

1. A teacher, administrator or parent may request that a district consider acceleration for a specific student. It is best that this be done at the beginning of the school year or at the end of the school year in preparation for the next year.
2. An acceleration referral form must be completed and submitted to the building principal. See form ACC1.
3. A letter is then sent home to parents requesting permission to evaluate the child for possible acceleration. See form ACC2.
4. After permission is received a designee in the district gathers data on the student using the Iowa Acceleration Scale as a model.
5. Once data is gathered, a committee is called to review the information and to discuss the child's potential for acceleration. The child's teachers and the building principal must be included in this meeting. If the child is receiving gifted services, then the teacher of gifted must be included in the final meeting.
6. A meeting is held with parents to explain the process for determining the outcome. If this child is to be accelerated, then the parents must sign permission. See form- ACC3
7. Prior to the meeting with parents, the building principal should have an action plan set for implementing the acceleration for the child. See form ACC-4
8. There should also be an acceleration education plan created for the parents to sign at the meeting. See form ACC-5

## Transition Period

The School District has a transition period of six weeks. If at any time during the course of the transition period the teacher or the parent feels that the acceleration placement is not appropriate, they can submit their case in writing.

1. If the teacher submits the letter, there must be another committee review and recommendation.
2. A meeting must be held with the parents to review the committee decision and to give them the opportunity to agree or disagree.
3. If the parents feel the acceleration is not appropriate, they can request in writing that the child go back to the regular placement or the district find an alternate acceleration avenue.
4. The committee must review this request and make a recommendation. If an alternate acceleration plan is recommended, there must be a new acceleration education plan created and the parents must sign off on the latest recommendation.

## Academic Acceleration Referral

**Child's Name:** \_\_\_\_\_ **ID No.** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent(s) / Guardian(s)**

**Names:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Acceleration:**

- Early Entrance to Kindergarten
- Whole Grade – From Grade \_\_\_\_\_ to Grade \_\_\_\_\_
- Individual Subject Area  
Subject Area(s): \_\_\_\_\_
- Early Graduation from High School

**Reasons for Academic Acceleration Referral:** (Please be very specific. Attach any additional information and available documentation to this form.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Signature of person(s) initiating referral</b>	<b>Position or Relationship to Student</b>	
<b>Name (please print)</b>	<b>Phone</b>	<b>Date</b>
<b>Signature of person receiving referral</b>	<b>Date</b>	

**RETURN TO BUILDING PRINCIPAL**  
*Copies: Parent/Student Building File*

# Permission for Academic Acceleration Evaluation

**Child's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent(s) / Guardian(s)  
Names:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **Type of Acceleration:**

- Early Entrance to Kindergarten
- Whole Grade – From Grade \_\_\_\_\_ to Grade \_\_\_\_\_
- Individual Subject Area  
Subject Area(s): \_\_\_\_\_
- Early Graduation from High School

<b>Referred by</b>	<b>Position</b>
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I understand that by signing below I am granting permission for the **(School Name)**'s Acceleration Evaluation Committee to assess **(Student Name)** for possible academic acceleration. All assessments will be done during the school day. I will be informed of the evaluation for academic acceleration results.

- Permission is given to conduct the evaluation or acceleration
- Permission is denied

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

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**RETURN TO BUILDING PRINCIPAL**

## Permission for Academic Acceleration

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

### Type of Acceleration:

- Early Entrance to Kindergarten
- Whole Grade – From Grade \_\_\_\_\_ to Grade \_\_\_\_\_
- Individual Subject Area
  - Subject Area(s): \_\_\_\_\_
- Early Graduation from High School

I understand that by signing below I am granting permission for the **district** to offer acceleration opportunities as listed above to my child. I also understand that there is a transition period and that if at the end of a month we feel the acceleration is not appropriate, then we can request in writing that the child go back to the regular placement or the district find an alternate acceleration avenue.

Permission is given for acceleration

Permission is denied

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

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

### Signatures:

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

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

\_\_\_\_\_  
Date

**RETURN TO BUILDING PRINCIPAL**

**Written Acceleration Action Plan**

**Student Name:**  
**Acceleration Area:**  
**Plan Date:**

**Grade:**  
**Building:**  
**Start Date:**

**Evaluation and Determining Factors for Acceleration**

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**CONTINGENCIES**

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**SIGNATURES**

\_\_\_\_\_  
Gifted Supervisor

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parents

## Written Acceleration Plan

<b>Student:</b> _____ District/Building: _____ Grade: _____ Date: _____	
<b>Type of Acceleration:</b> ___ Subject (specify) _____      ___ Early Entrance ___ Grade (from-to) _____      ___ Early Graduation	
<b>Placement From:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>GRADE/SUBJECT</span> <span>TEACHER</span> <span>BUILDING</span> </div> <b>Placement To:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>GRADE/SUBJECT</span> <span>TEACHER</span> <span>BUILDING</span> </div>	
<b>Transition Period Begins:</b> _____ <b>Ends</b> _____ (6 school weeks) <div style="display: flex; justify-content: space-around; font-size: small;"> <span>M/D/Y</span> <span>M/D/Y</span> </div>	
<b>Transitional Meeting Date:</b> _____	
<b>Strategies to ensure a successful transition:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communication between teacher and parents will include both emotional and academic progress on a weekly basis during the transition period.</li> <li><input type="checkbox"/> As needed, the gifted intervention specialist and/or the gifted supervisor will assist teacher(s) with strategies and materials to support areas of strength when additional acceleration is appropriate.</li> <li><input type="checkbox"/> Gifted intervention specialist and/or gifted supervisor will assist with compacting for missed content as needed.</li> <li><input type="checkbox"/> Parents will assist child with mastering missed grade level content as needed at home.</li> </ul>	
<b>Strategies to ensure continuous progress following the transition period:</b>	
<b>Requirements and Procedures for Earning High School Credit Prior to Entering High School:</b>	
<b>Signatures:</b>	
_____ PRINCIPAL	_____ PARENT/GUARDIAN/REPRESENTATIVE
_____ PSYCHOLOGIST/GUIDANCE COUNSELOR	_____ TEACHER
_____ GIFTED SUPERVISOR	_____ GIFTED INTERVENTION SPECIALIST