WRITTEN ACCELERATION PLAN, GRADES K-12

STUDENT NAME ______________________________________________ ID # ______________________

D.O.B. _____________________ AGE: ______ SCHOOL YEAR: ______________ GRADE LEVEL: ______

CURRENT SCHOOL: ______________________________ CURRENT TEACHER: _______________________

_____ Whole-Grade Acceleration – new grade __________

_____ Subject Acceleration __________________________

As noted in Ohio’s Academic Content Standards: Every Ohio student, regardless of race, gender, ethnicity, socioeconomic status, limited English proficiency, disability or giftedness shall have access to a challenging, standards-based curriculum. All children should be provided adjustments when necessary in order to address their individual needs.

ACCELERATON TEAM SIGNATURES

1. Parent(s) or Guardian(s) ____________________________________________________________

2. Referring Principal or Designee ______________________________________________________

3. Current Teacher _________________________________________________________________

4. Teacher of proposed accelerated grade ______________________________________________

5. Education Manager/Coordinator ____________________________________________________

6. School Psychologist/Counselor ______________________________________________________

7. Other __________________________________________________________________________

Today’s date: ________________________ Follow-up date set for: ________________________

Eric Gordon, Chief Executive Officer                                            Lucille Komichak, Gifted Coordinator K-8
ACCELERATION PLAN DOCUMENTATION

Student Name: ___________________________________________  ID # _______________________

REASON FOR MEETING:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

PRESENT PERFORMANCE:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Who/Where</th>
<th>When/How Often</th>
<th>Evaluation</th>
<th>Follow-up</th>
</tr>
</thead>
</table>

Revised 12.5.2017  Lucille Komichak, Gifted Coordinator K-8