



WRITTEN ACCELERATION PLAN (WAP), 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: _____

Dr. Warren G. Morgan II, Chief Executive Officer

Kerry Ivkovic, Director, Gifted K-12



ACCELERATION PLAN DOCUMENTATION

Student Name: _____ ID # _____

REASON FOR MEETING:

PRESENT PERFORMANCE:

Strategy	Who/Where	When/How Often	Evaluation	Follow-up