

## GREEN BAY AREA PUBLIC SCHOOL DISTRICT

Submitting a Request for Acceleration

## To Whom It May Concern:

When a student provides evidence of unusually high potential and unusually rapid progress through the established curriculum in one or more subjects or areas of the curriculum, staff should extend curriculum experiences for that student. If a parent/guardian or a District professional feels that additional challenge is needed, they may refer the student for acceleration in one or more subjects or for acceleration of an entire grade using this form.

This form is to be completed by the parent/guardian or District professional who is referring the student for potential acceleration. Once completed, it should be given to the building principal, who will then review the information and initiate the process of determining what action, if any, will be taken.

Should you have any questions regarding the completion of this form or the district policy and rule associated with it, please contact the Teaching and Learning Department at 920-448-2156.

## **Green Bay Area Public School District REQUEST FOR STUDENT ACCELERATION**

| Full Name:   |  |  |   |       |       |  |
|--|--|--|---|-------|-------|--|
| Student ID Number:   |  |  | School Attending:   |       |       |  |
| Date of Birth:   |  |  | Current Grade Level:  |       |       |  |
| Date of Application:   |  |  | Current Graduation Date:  | Month | Year  |  |
| If you are requesting subject acceleration, in which subject(s)?   |  |  | If you are requesting grade acceleration, into which grade?  Requested Graduation Date: | Month | Year  |  |
|  |  |  | Requested Gladuation Date.  | Month | 1 car |  |
| Please summarize your reasons for requesting student acceleration. (Use additional page if necessary)  |  |  |   |       |       |  |
| Student Signature:   |  |  |   | Date: |       |  |
| Parent Signature:  |  |  |   | Date: |       |  |
| For administrative use only  Learning Support Team meeting   |  |  |   |       |       |  |
| date(s):   |  |  |   |       |       |  |
| Learning Support Team Members:   |  |  |   |       |       |  |
| <ul> <li>IQ or comparable test results</li> <li>School counselor's recommendations regarding student's social and emotional maturity</li> <li>Current classroom teacher's recommendations</li> <li>Student's state and district assessment results</li> <li>Demonstration of mastery of the curriculum which would otherwise be missed by accelerating</li> <li>Any other pertinent student information</li> </ul> |  |  |   |       |       |  |

| Learning Support Team's recommendation and reas |                           |   |       |  |
|---|---------------------------|---|-------|--|
| If the recommendation is for                    |                           |   |       |  |
| acceleration, what is the proposed              |                           |   |       |  |
| transition plan for the stud                    | dent?                     |   |       |  |
|   |                           |   |       |  |
|   |                           |   |       |  |
|   |                           |   |       |  |
|   |                           |   |       |  |
|   |                           |   |       |  |
|   |                           |   |       |  |
|   |                           | _ |       |  |
| ☐ Approved ☐ Denied                             | Counselor:                |   | Date: |  |
| ☐ Approved ☐ Denied                             | Principal:                |   | Date: |  |
|   | <b>Executive Director</b> |   |       |  |
| ☐ Approved ☐ Denied                             | of Teaching and           |   | Date: |  |
|   | Learning:                 |   |       |  |

This referral form is to be used in conjunction with Green Bay Area Public Schools Board of Education 345.4 (2) Rule, available for review at <a href="https://www.gbaps.org">www.gbaps.org</a>, Our District, Board of Education, Policies.