

# North Santiam School District

Code: **IKE-AR(3)**  
Revised/Reviewed: 11/19/15  
Orig. Code(s): IKE-AR(3)

## Student Grade Level Acceleration Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ School: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date: \_\_\_\_\_

Days Tardy: \_\_\_\_\_ Absent: \_\_\_\_\_ Present: \_\_\_\_\_ Grade of Nearest Young Sibling: \_\_\_\_\_ ☐ N/A

*Check each blank that applies:*

### Primary Reasons for Grade Level Acceleration:

- ☐ Math skills above grade level
- ☐ Reading skills above grade level
- ☐ Language Arts skills above grade level
- ☐ Physical size above average for current grade level
- ☐ Social maturity appropriate for recommended grade level
- ☐ Opportunities and experiences
- ☐ Parent request
- ☐ Behavior
- ☐ Supporting test data

### Supporting Factors:

- ☐ Attendance
- ☐ Student effort
- ☐ Fine motor skills
- ☐ Gross motor skills
- ☐ Emotional maturity
- ☐ Personal motivation

### Notification to Parent/Guardian:

- Number of notifications: \_\_\_\_\_
- Manner of notifications:
- ☐ Telephone: Dates: \_\_\_\_\_
- ☐ Student conference: Dates: \_\_\_\_\_
- ☐ Parent conference: Dates: \_\_\_\_\_
- ☐ Progress report
- ☐ Letter: Dates: \_\_\_\_\_
- ☐ Report card

### Contributing Information

Describe attitudes, motivation, behavior, test data: \_\_\_\_\_

- ☐ Scores at 97th percentile or above on standardized test
- ☐ Scores clearly above norm for the proposed placement (based on one achievement and one ability test)
- ☐ Successfully completed additional tests used to identify talented and gifted students
- ☐ Most recent GPA 3.75 or above

### The following factors and data are provided to support the recommendation:

Academic maturity: \_\_\_\_\_

\_\_\_\_\_

Intellectual maturity: \_\_\_\_\_

\_\_\_\_\_

Physical maturity: \_\_\_\_\_

\_\_\_\_\_

Social maturity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emotional maturity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attendance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental development: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grade Level Acceleration Decision**  
(Complete Before Signing)

Team Recommendation:

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

- ☐ Student Accelerated to Grade \_\_\_\_\_  
☐ Student Not Accelerated

- ☐ **I accept** the team's recommendation.  
☐ **I reject** the team's recommendation that my student be accelerated.  
☐ **I will be appealing** the team's recommendation.

\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_  
Principal Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

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

