

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan, Minnesota
Educating our students to reach their full potential

Series Number 602.6.1.3P Adopted September 1980 Revised September 2008

Title Permission for Grade Acceleration Consideration

Date: _____

Dear Parent(s)/Guardian(s):

We have reviewed the request for grade acceleration for your child, _____. That review has resulted in a recommendation to obtain academic, cognitive and personal information relevant to grade acceleration. We need your written permission to proceed with the data collection process. The following areas will be evaluated:

- Social and emotional development;
- Intellectual ability, and
- Academic achievement.

Please indicate your permission to proceed with the assessment by signing and returning the bottom portion of this sheet to the gifted and talented specialist/coordinator at your child's school. If you have any questions, please call _____ at _____.
Gifted and talented specialist/coordinator Phone

Sincerely,

Signature of principal

Permission for Grade Acceleration Consideration

- Yes, I give permission for the school to proceed with the grade acceleration process.
 No, I do not give the school permission to proceed with the grade acceleration process.

Student's name

Signature of parent or guardian

Grade

Date

Received by gifted and talented specialist/coordinator and principal:

Signature of gifted and talented specialist/coordinator

Date

Signature of principal

Date

c: case studies file

Procedures/602.6.1.3P/9-22-08