

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

Series Number **602.6.2.3P** Adopted **June 2007** Revised **October 2021**

Title **Permission for Single Subject Acceleration Consideration**

Date: \_\_\_\_\_

Dear Parent(s)/Guardian(s):

We have reviewed the request for single subject acceleration for your child, \_\_\_\_\_ in the single subject \_\_\_\_\_. That review has resulted in a recommendation to provide six weeks of intervention to determine if your child's needs can be met in the current placement through program changes or modifications and to obtain academic, cognitive and personal information relevant to single subject acceleration. We need your written permission to proceed with the data collection process.

Please indicate your permission to proceed with the assessment by signing and returning the bottom portion of this sheet to the gifted and talent development teacher at your child's school. If you have any questions, please call \_\_\_\_\_ at \_\_\_\_\_.  
Gifted and talent development teacher Phone

Sincerely,

\_\_\_\_\_  
Signature of principal

**Permission for Single Subject Acceleration Consideration**

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

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

Received by gifted and talent development teacher and principal:

\_\_\_\_\_  
Signature of gifted and talent development teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of principal

\_\_\_\_\_  
Date

c: case studies file  
Procedures/602.6.2.3P/10-01-21