



Adventist Education

ACCELERATION REQUEST

(See LUC Education code book for instructions)

Student name _____ Present age (year) _____ (month) _____

Birth Date _____ Age when entered 1 st grade (year) _____ (month) _____

Present grade placement _____

1. Reason for acceleration:

2. Date Iowa test given _____

3. G.E. (Place/Staple copy of the ITBS percentile chart here)

% (A student is expected to have 90th percentile or above in each area.)

4. Teacher evaluation of daily works, tests, etc.

5. Teacher evaluation of present social and emotional development:

6. Survey of past history in school:

7. Teacher evaluation of physical development:

8. Report of communication with parents (include dates, parents' reactions, etc.)

9. Recommendation of teacher:

10. Brief summary of suggested acceleration program.

Teacher's Signature _____ Principal's Signature _____

We have discussed our child's academic achievements with the classroom teacher and understand that this is not to be interpreted as "skipping a grade," for all levels of academic work are to be covered. We will look favorably upon the school placing our child in an accelerated program, depending on the decision of the Conference Office of Education and the school leadership.

Parent signature _____

CONFERENCE DEPARTMENT ACTION Approved Denied

Signed _____ Dated _____