## ACCELERATION REQUEST See policy book for further instructions.

Student name	Present age
Birth Date	_ Age when entered 1st grade
Present grade placement	

1. Reason for acceleration:

- 2. Attach a copy of the most recent achievement test results to this form.
- 3. Teacher evaluation of daily work, tests, etc.:

4. Teacher evaluation of present social and emotional development:

5. Survey of past history in school:

6. Teacher evaluation of physical development:

- 7. Report of communication with parents (include dates, parents' reactions, etc.):
- 8. Recommendation of teacher:

9. Brief summary of suggested acceleration program:

Teacher's Signature	Date	
Principal's Signature	Date	
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." We will look favorably upon the school placing our child in approved Michigan Conference accelerated program, depending on the decision of the Conference Office of Education and the school leadership.		
Parent's/Guardian's Signature	Date	
Parent's/Guardian's Signature	Date	
Approved Denied Not Recommended, but allowe	d	
Superintendent's Signature	Date	