

MIAMI EAST LOCAL SCHOOLS
Subject Acceleration Form

Student Name _____ Building _____

Student ID _____ Age _____ Teacher _____ Grade _____

Parent/Guardian _____ Phone _____

Date of process initiation: _____ Person initiating process _____

Type of Acceleration Considered:

Subject Area: _____ From _____ To _____

Attendance: _____ Excellent _____ Some absences _____ Irregular

<i>Test Data</i>	<i>Date - Test</i>
Ability Score	
Reading Achievement Score	
Math Achievement Score	

If the student has been accelerated before, please explain.

Current Performance/ Grades:

Strategies implemented for meeting the student's academic needs:

Comments about student's health, age, curriculum impact or gaps, attitude, extra-curricular activities, etc.:

RECOMMENDATION:

____ Not Recommended At This Time ____ Review At Future Date ____ Proceed To Assessment

DATA	<i>Date - Test</i>			
Standardized Tests at grade level		At or above 95% ile	At or above 90-94% ile	At or below 89% ile
Standardized Test out-of-level		At or above 75% ile	At or above 50 – 74 % ile	At or below 49% ile
District Assessment		Score: 93-100%	Score: 92-85%	Score: 84-77%
EXPLORE or early SAT				
Ability Score		Verb	Quantitative	NV Composite

Personal Factors	<i>Consistent, Strong</i>	<i>Occasional</i>	<i>Sporadic, Situational</i>
Demonstrated preference for fast-paced learning and academic challenge			
Independence in thought and action			
Persistence in assigned and/or self-selected tasks			
Active involvement in many out-of-school interests			
Social maturity and personal resilience			
Attendance patterns			

Recommendation: ___ *Accelerate in subject area of* _____ *Remain at grade level* _____

Comments & Plan of Action:

Placement review date: _____ *Person responsible:* _____

Parent/Guardian

Principal

Receiving Teacher

Other

Current Teacher

Date

Official document must become part of the student's permanent record and Written Acceleration Plan.