



Local School Data Review for Whole Grade Acceleration Request

Student Name _____ Student # _____

Current Grade _____ Cobb School _____

Child Study Team: _____ / _____ / _____ / _____
Administrator Classroom Teacher Gifted Teacher Other

Provide and review ALL existing assessment data available:

DATE	GRADE LEVEL	Assessment (list names:)	SCORES (PERCENTILE RANKS IF AVAILABLE)					NO DATA AVAILABLE
			Reading	Math	Language Arts	Social Studies	Science	
		Mental Ability Test(s):						<input type="checkbox"/>
		Achievement Test(s):						<input type="checkbox"/>
		Current Classroom Grades:						
		Teacher Observation: Below/On/Above Grade expectation						
		Other: DRA/Lexile/Benchmark/ GKIDS/etc						

What strategies have been implemented in the past and/or are currently in place to address the student's needs?

Local School Committee Decision:

<p>_____ Available information and data support the request for acceleration assessment.</p> <p>Whole grade acceleration is a process that recognizes students of exceptional potential whose academic needs cannot be adequately met in the current grade level. Use the lines below to explain why the committee feels that the above named student fits this description.</p> <p>_____ _____ _____ _____ _____</p> <p>Provide most recent hearing and vision screening. If older than 9 months, please rescreen.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Hearing</td> <td>Date administered: _____ Pass _____ Fail _____</td> </tr> <tr> <td>Vision</td> <td>Date administered: _____ Pass _____ Fail _____</td> </tr> </table>	Hearing	Date administered: _____ Pass _____ Fail _____	Vision	Date administered: _____ Pass _____ Fail _____	OR	<p>_____ Available information and/or data does not support the request for acceleration assessment. Inform parent/guardian of committee decision.</p>
Hearing	Date administered: _____ Pass _____ Fail _____					
Vision	Date administered: _____ Pass _____ Fail _____					

ALP Office: _____ Recommendation approved _____ Recommendation NOT approved
Local School Contacted: _____ / _____ / _____ Acceleration Packet sent: _____ / _____ / _____