

Southeastern California Conference
Office of Education
APPLICATION FOR ACCELERATION K-8

In accordance with the policies contained in the Pacific Union Conference
EDUCATION CODE ~~#2134~~ and ~~#2136~~

This form is to be completed,
signed and returned or faxed
to the SECC Office of
Education.

School _____ Date _____

Student _____ Grade _____

Date of Birth _____ Age _____ Total Years in School _____

1. State reasons why acceleration seems advisable. _____

2. Indicate results of a standardized achievement test which has been administered within the last calendar year.

Name and Form of Test _____ Date Administered _____

Total Reading _____ Total Language _____ Total Math _____ Composite _____

3. Give a brief evaluation of the student's physical, social, emotional, and academic performance in the present grade. _____

4. Has the student previously been accelerated? _____ What grade levels have been completed? _____

We request this acceleration because: _____

Date

Signature of Parent

5. Complete an implementation plan, on the backside of this form, showing how the student will demonstrate mastery of the subject areas in the grade levels being accelerated.

After careful evaluation, it is my recommendation that acceleration for this student be approved.

Date

Signature of Teacher

Date

Signature of Principal

To be completed by SECC Office of Education before a student is permitted to be accelerated.

Application approved _____

Application denied _____

Date

Signature of Associate Superintendent