

Walla Walla Public Schools

FORM – WHOLE GRADE OR CONTENT AREA ACCELERATION

Form: 2421

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Date: _____ Grade: _____

Student Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Teacher: _____

Your child was recommended for whole-grade or content area acceleration by the Student Teacher Assistance Team (STAT). Below are the factors that were considered and documentation is attached:

- Academic performance over time
- Ability to work independently/motivation
- Classroom differentiation received over time
- Standardized assessment scores
- Highly capable assessment scores
- Formative assessments
- Classroom teacher recommendation(s), current and past teachers
- Parent/Guardian recommendation
- Other information considered: _____

The student would benefit from acceleration in the following area(s) starting _____.

Summary comments below or attached:

		Agree	Disagree
_____ Parent/Guardian	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Teacher	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Learning Specialist/Counselor	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Principal	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Director of Teaching and Learning	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>

**Original to be placed in student's cumulative file and
a copy sent to the Executive Director of Teaching and Learning.**

Revised: February 2021