

Whole Grade Acceleration 2019-2020

This form is both an initial request and placement.

Parent Meeting Must be Completed AND Application Submitted to the TAG Dept. by September 20, 2019

Student Information								
Student's Full Name:			Student ID Number:					
Date of Birth:			Current School:					
Current Grade Level:			Current Teacher:					
Parent/Guardian Signature:								
Principal's Signature:								
Student Survey (Parent and T	eacher Completes	5)						
Characteristics Common to Gift	ted Students							
Does the student demonstrate any	of the following cha	aracteristics and patt	erns of achievement or performation	ance?				
Circle all those that apply: 1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently								
	Parent	Teacher		Parent	Teacher			
Complex Vocabulary	1234	1234	Highly Creative	1234	1234			
Very Quick Recall of Facts	1234	1234	Multilingual	1234	1234			
Prefers to Work Independently	1234	1234	Intense Interest	1234	1234			
Prefers Complex Unconventional Ideas	1234	1234	Refusal to Comply	1234	1234			
Asks a Lot of Probing Questions	1234	1234	Low Self-Esteem	1234	1234			
Curious and Investigative	1234	1234	Negative Attitude	1234	1234			
Alert and Eager	1234	1234	Disrupts Others	1234	1234			
Produces Original Products	1234	1234	Poor Work Habits	1234	1234			
Seeks Company of Older Peers/Adults	1234	1234	Unfinished Work	1234	1234			
Many Interests and Hobbies	1234	1234	Frustrates Easily	1234	1234			
Can Grasp Underlying Principles and Make Generalizations	1234	1234	Class Clown/Attention Seeking	1234	1234			
Stubborn in Own Belief	1234	1234	Lack of Effort	1234	1234			
Sees Familiar Things in an Unusual Way	1234	1234	Asks "Why" Often	1234	1234			
Keen Sense of Humor	1234	1234	Non-Conformist	1234	1234			
Comprehends Ideas Very Quickly	1234	1234	Easily Bored	1234	1234			

Why is the school team considering the student for acceleration?

How has the school attempted to meet the rate and level of the student?

If this application moves forward to the next phase of assessment, are there any testing accommodations listed in an IEP or 504 plan? (Check Synergy)

Additional Body of Evidence – Complete All That Apply (Educator Completes)							
Intellectual Assessment/s	CogAT:	Other:	Other:				
Math Assessment/s	IOWA:	SBAC:	Other:				
Reading Assessment/s	IOWA:	SBAC:	Other:				
Grades							
Observations							
Oral Responses							
Sample of Student Work (May Include Native Language)	Туре:	Туре:	Туре:				
	Score:	Score:	Score:				
1 – Early Beginner 2 – Developing 3 – Proficient 4 - Advanced							
Additional Teacher Comments							

Final Placement Decision (School Completes)									
YES			NO						
*Upload original documentation into student cumulative folder and send copy to TAG Dept.									
Principal Signature				Date:					
TAG Facilitator Signature				Date:					
Current Teacher Signature				Date:					
Receiving Teacher Signature				Date:					
Parent/Guardian Signature				Date:					
Other:				Date:					