Acceleration Assessment Process, Procedures and Related Forms

Process in Requesting Acceleration

Step 1: Referral/Request for evaluation from either the teacher or parent is given to the Principal or gifted coordinator.

Step 2: Acceleration Evaluation Committee members are identified. These members shall consist of:

a) A Principal or Assistant Principal from the child's current school;

b) A current teacher of the referred student;

c) The receiving teacher(s) at the grade level to which the student may be accelerated;

d) A gifted education coordinator or gifted resource teacher;

e) Special education teacher, if a student is twice-exceptional;

f) Optional: A school guidance counselor or school psychologist.

Step 3: Ability assessments and achievement assessments are administered and reviewed. Examples of possible ability assessments include: Otis Lennon School Ability Test, Slosson Full Range Intelligence Test, Raven Standard Matrices Assessment, or the Wechsler Intelligence Scale for Children. Examples of possible achievement assessments include: Stanford Achievement for specific subject areas, Woodcock Johnson Tests of Achievement, Iowa Test of Basic Skills, EXPLORE, PLAN, ACT, or SAT. A student MUST score a 128 or higher or 96 percentile or higher on an ability test.

Step 4:

a) If the student is considered for whole-grade acceleration, all results are entered in the Bullitt County Acceleration Evaluation Committee Review Form to determine the candidate's placement. The committee will review all test results, the student's academic history, developmental issues, interpersonal skills, attitude, motivation, and support with the completed form. The committee will make a placement decision based on data reviewed.

b) If a student is considered for subject(s) based acceleration, the committee will review all achievement test results, the student's academic history, developmental issues, interpersonal skills, attitude, motivation, and support. The committee will make a placement decision based on data reviewed.

Step 5:

a) If the committee recommends acceleration, the student acceleration plan is written (which includes an appropriate transition period and strategies to ensure a successful transition.) Long term strategies will also be included to ensure continuous progress. If applicable, a student's gifted student service plan (GSSP) will be updated. The Principal, teacher of the incoming student, and gifted coordinator/resource teacher will monitor the transition period (normally two (2) months) for the accelerated student.

Acceleration Assessment Process, Procedures and Related Forms

i) If the parent withdraws the student from accelerated placement during the transition period, then the student will be removed from the placement.

ii) If the parent does not withdraw the student from accelerated placement during the transition period, accelerated placement becomes permanent within the student's records and is updated accordingly. The student will progress through the K-12 curriculum unless referred in forthcoming years.

iii) If the teacher determines that the transition period has been completed successfully, the accelerated placement becomes permanent. The student's records are updated accordingly. The student will progress through the K-12 curriculum unless referred in forthcoming years.

iv) If the teacher determines that the transition period has been completed unsuccessfully, parent notification will be sent and the Acceleration Evaluation Committee will reconvene to review the evidence from the receiving teacher.

b) If the committee does not recommend acceleration, then the parent has the right to appeal the decision.

i) If the parent does not appeal the decision, the student is not accelerated and the committee may recommend alternative strategies (such as curriculum compacting, independent study, mentoring, etc...).

ii) If the parent wishes to appeal the decision, the Acceleration Evaluation Committee will reconvene to review any additional evidence that the parent/legal guardian may provide. Once the Acceleration Evaluation Committee has reviewed the additional evidence, the appeal ends if accelerated placement is decided upon. If the Acceleration Evaluation Committee decides that acceleration is not in the best interest of the student, the parent/legal guardian can appeal this decision in writing to the local Superintendent/designee.

Request for Acceleration

(SELF-REFERRAL OR PARENT REQUEST)

Name of Student _____ Date of Birth _____

School _____ Current Grade Placement _____ Teacher/Team _____

Parent/Guardian_____ Phone Number_____ Address _____

On separate paper, provide specific evidence of higher level performance. In your narrative, describe each of the following:

Overall academic performance:

_____

_____

Ability to apply, analyze, and evaluate ideas at the advanced level:

_____

_____

Ability to work independently:

_____

_____

Ability to think creatively:

_____

_____

Motivation to work at an advanced level:

_____

_____

Oral and written communication skills:

_____

_____

Exhibits passion(s) for topic of interest:

_____

_____

Social/Emotional development:

_____

_____

Date Submitted to Principal: _____

Request for Acceleration

TO BE COMPLETED BY TEACHER OR TEAM

Date Submitted to the Principal: _____

Name of Student _____ Date of Birth _____

School _____ Current Grade Placement _____ Teacher/Team _____

Parent/Guardian_____ Phone Number_____ Address _____

□ Subject (Specify)_____

□ Grade (from-to)_____

Intelligence Test Date

Score

Achievement Test(s)

Date

Reading _____%tile

Math _____ %tile

Language _____%tile

Science _____%tile

Social Studies _____%tile

Total Battery _____%tile

Document the type of differentiation that has been utilized to accommodate this student's needs.

Applicable Yes/No	Differentiation	Length of Implementation	Successful Yes/No	Comments (Continue on back if needed)
Yes No	Learning Centers		Yes No	
Yes No	Learning Contracts		Yes No	
Yes No	Enrichment Opportunities		Yes No	
Yes No	Differentiated Assessments		Yes No	
Yes No	Open-Ended Assignments		Yes No	
Yes No	Curriculum Compacting		Yes No	
Yes No	Higher Level Questioning		Yes No	
Yes No	Independent Research		Yes No	
Yes No	Tiered Assignments		Yes No	
Yes No	Student Choice		Yes No	
Other			Yes No	

Parent Notification of Acceleration

Date_____

Dear Parents,

Your child, _____, has been referred for possible grade level _____ subject level _____ acceleration. In order to evaluate your child's educational profile, we will need to complete additional testing. This testing will help the Acceleration Evaluation Committee effectively review the referral and make a recommendation concerning placement.

In the next week, we will be in your child's school to administer a battery of tests in order to assess your child's area of strength. If you want your child to be considered for accelerated placement, please sign the form below and return it to school as soon as possible.

Thank you,

_____
Acceleration Committee Member

□ Yes, the Bullitt County School System has permission to test_____
(Student's Name)

for accelerated placement.

□ No, I do not wish _____ to be tested for
(Student's Name)

accelerated placement.

_____ _____
(Parent/Guardian Signature) Date

Acceleration Evaluation Committee Review Form

Name of Student _____Gender_____ Date of Birth _____

Address_____ Phone # _____

School/Grade _____ Date_____

Receiving School/Proposed Grade _____

Section A: Background Information

1. Describe any previous acceleration this student may have had. Attach the original parent/teacher acceleration referral.

_____

_____

_____

_____

2. Has this student been formally identified for gifted services? If so, attach a copy of the student's gifted student service plan (GSSP).

_____

_____

3. Is this student a twice exceptional student? If so, specify the disability and attach a copy of the student's IEP or 504 Plan.

_____

_____

Section B: Student Performance

1. The student must score a 128/96% or higher on an ability test (examples include Otis-Lennon School Ability Test, Slosson Full-Range Intelligence Test, etc.)

   Name of the test _____

   Date the test was administered ____/_____/_____

   Overall score_____

Additional ability test(s) given: _____

_____

Acceleration Evaluation Committee Review Form

2. The student must score in the 96th percentile or higher in at least one area of an aptitude/achievement test (examples include EXPLORE, PLAN, ACT, SAT, ITBS, Stanford Achievement Test, etc.).

   Name of the test _____

   Date the test was administered ____/_____/_____

   Composite score_____

Reading _____%tile Language _____%tile Math _____%tile

Science _____%tile Social Studies _____%tile

Additional aptitude/achievement test(s) given: _____

_____

3. The student must score within the 75th percentile or higher on an **above-grade** level aptitude or achievement test.

   Name of the **above-grade** level test _____

   Date the test was administered ____/_____/_____

   Overall score_____

Additional above-grade level aptitude or achievement test(s) given: _____

_____

Section C: Basic Factors To Consider When Making Placement of a Student

1. Would the student be in a higher grade or same grade as a sibling? It is normally discouraged to place a student in a higher or same grade as a sibling.

_____

_____

2. Would the student need to be in a different building at the beginning of the academic year for whole grade acceleration or would the student need to attend a specific class for subject-based acceleration? Would a Skype session work, if this is the case?

_____

_____

3. Does this student have regular attendance at school in order to ensure a successful transition into an accelerated class?

_____

_____

Acceleration Evaluation Committee Review Form

4. Would the student be willing to be accelerated to a higher grade or higher level class? Has this student displayed characteristics of underachievement or is highly motivated and responsible? Does this student have a positive self-concept?

5. After discussing the student with the current and previous teachers, does the student consistently engage in academic challenges? Is he/she enthusiastic about learning new material?

6. Has the student been involved in any extra-curricular activities? Are there leadership roles in which this student has engaged?

7. Does the student have a strong, support system from the home and/or school? Do the parents and/or teachers seem to be committed in meeting the child's academic needs?

Section D: Developmental, Emotional, & Behavioral Factors

1. Is this student older or younger than his/her peers? Is he/she physically similar in size to his/her peers?

2. Is this student's fine motor skills developed in comparison to his/her peers?

3. Does this student have a history of social, emotional, discipline, or behavioral issues?

4. Does this student exhibit strong interpersonal skills with peers and/or teachers?

Acceleration Plan

Distribute copies of this document to: student's building Principal(s), current teacher, receiving teacher, gifted coordinator, and parent(s)/ legal guardian(s). Place a copy in the student's file.

Name of Student _____ School _____

Gender_____ Type of Acceleration: Subject _____ Whole Grade _____

Placement From:_____
Grade/Subject, Teacher, Building

To: _____
Grade/Subject, Teacher, Building

Transition Period: Begins_____ Ends _____
Month/Day/Year Month/Day/Year

Strategies to ensure a successful transition:

_____
_____
_____
_____

Strategies to ensure continuous progress following the transition period:

_____
_____
_____
_____

Requirements and Procedures for Earning High School Credit Prior to Entering High School (if applicable):

_____
_____
_____
_____

Staff member assigned to monitor the implementation of this plan:

_____ _____
Name/Position Date

_____ _____
Signature of District Representative Parent/Guardian Signature

Appeal Regarding Academic Acceleration

Date _____ Petition filed by_____

Student _____ _School _____

Grade _____ Regarding Acceleration: Subject-based _____ Grade-based____

Description of Appeal: (Please include any additional evidence that may need to be reviewed. Attach additional information to the back of this form if needed.) _____

_____
_____
_____
_____
_____
_____

_____ _____
Parent/Guardian Signature Date

The section below is to be completed once the Parent/Guardian has completed this appeals form and the Acceleration Review Committee has reconvened.

After further reviewing the information provided above, the Acceleration Review Committee believes:

□ The original decision should stand for non-placement of accelerated services.

□ Accelerated services should be implemented.

_____ _____ _____
_____ _____ _____

Members of the Acceleration Review Committee Must Sign Above.

Review/Revised:5/24/11