

Flossmoor School District 161

Subject Acceleration - Data Collection Form

Date: _____

Student Name: _____

DOB: _____

Grade Level: _____

Teacher: _____

School: _____

Subject Area for Acceleration: _____

MAP Test Results

_____ Indicates need for subject acceleration

_____ Subject acceleration is not appropriate based on defined criteria

Subject Area Test Results

_____ Indicates need for subject acceleration

_____ Subject acceleration is not appropriate based on defined criteria

Teacher Checklist

_____ Indicates need for subject acceleration

_____ Subject acceleration is not appropriate based on defined criteria

Parent Request for Acceleration Form

_____ Indicates need for subject acceleration

_____ Subject acceleration is not appropriate based on defined criteria

Recommendation and Implementation Plan:

Person Responsible for Monitoring Student Progress: _____

Committee Members:
