

Washington County School District
High Ability Programs/Gifted Education
STUDENT ACCELERATION CHECKLIST
(completed by Principal)

Student's Name: _____

School: _____

Initial	Date	
_____	_____	Review policy on Whole Grade/Subject Area Acceleration (WCSD Policy #4800)
_____	_____	Develop a school-based acceleration team to include: <ul style="list-style-type: none">• Principal• Classroom teachers: current grade level teacher. Rising grade level lead teacher• Counselor• High ability coordinator
_____	_____	Review process: <ul style="list-style-type: none">• Classroom data _____• Iowa Acceleration Scale _____ points
_____	_____	Determination: _____ Maintain current grade level _____ Subject area acceleration _____ Whole grade acceleration
_____	_____	Complete WCSD form 911 (Student Retention/Acceleration)
_____	_____	Parent/Guardian notified

Principal's Signature

Director of Student Services Signature

****Attach copy of completed checklist and copy of Iowa Acceleration Scale Summary and Planning Record –OR- other valid assessment data to WCSD form 911 and forward to Director of Student Services.***