Aurora City Schools Acceleration Permission Form

To the Parents/Guardian of:				Date	
School		G	rade	_ Date of Birth:	
Parent/Guardian:				Phone:	
Address:					
		-		e for accelerated placement.	
Type of Acce	eleration to be	Considered:			
□ Subject o	or Subjects (sp	ecify):			
Whole Grade: from grade					
Early Ent	rance to Kind	ergarten			
Early Gra	duation				

An acceleration committee comprised of the child's parent(s), teachers, administrators, gifted personnel, and other appropriate school personnel will conduct a fair and thorough evaluation of the student and issue a written decision based on the outcome of the evaluation process.

Your permission is required to convene the acceleration committee and will allow the following:

- Committee members may review information about your child which may include but not be limited to school records, demographic information, behavior records, grades, and test scores.
- Additional ability testing may be done by school personnel.
- Additional achievement testing may be done by school personnel.
- Committee members may interview your child to determine his/her attitude about acceleration.

Please check one of the lines below, sign this form, and return it to your child's principal. If permission is granted, the principal will begin the acceleration committee process.

_____I give my permission for an acceleration committee to evaluate my child.

I do not want my child considered for acceleration and do NOT give permission for an acceleration committee to evaluate my child.

Signature