

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan, Minnesota
Educating our students to reach their full potential

Series Number 602.6.2.2P Adopted June 2007 Revised September 2008

Title Referral Team Summary for Single Subject Acceleration

To be completed by referral team:

Student's name _____

Date of birth _____ School _____ Grade _____

Subject area _____

Name of parent(s)/guardian(s) _____

Address _____ Phone _____

1. Reason(s) why single subject acceleration is being considered.

2. What alternatives/interventions have been tried to meet the student's needs?

3. Standardized test data specific to subject being considered.

4. Other test data or pertinent information.

_____ Date of referral meeting _____

_____ Signature of referral team members

Please check one:

- Complete 602.6.2.3P, Permission for Single Subject Acceleration Consideration
- Complete 602.6.2.4P, Denial of Consideration for Single Subject Acceleration

_____ Date _____ Signature of principal

c: case studies file