

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

Series Number 602.6.2.3P Adopted June 2007 Revised September 2008

Title Permission for Single Subject Acceleration Consideration

Date: _____

Dear Parent(s)/Guardian(s):

We have reviewed the request for single subject acceleration for your child, _____ in the single subject _____. That review has resulted in a recommendation to obtain academic, cognitive and personal information relevant to single subject acceleration. We need your written permission to proceed with the data collection process.

Please indicate your permission to proceed with the assessment by signing and returning the bottom portion of this sheet to the gifted and talented specialist/coordinator at your child's school. If you have any questions, please call _____ at _____.
Gifted and talented specialist/coordinator Phone

Sincerely,

Signature of principal

Permission for Single Subject Acceleration Consideration

- Yes, I give permission for the school to proceed with the single subject acceleration process.
- No, I do not give the school permission to proceed with the single subject acceleration process.

Student's name

Signature of parent or guardian

Grade

Date

Received by gifted and talented specialist/coordinator and principal:

Signature of gifted and talented specialist/coordinator

Date

Signature of principal

Date

c: case studies file