

Buckeye Local School District

Written Acceleration Plan

Student _____ School _____ Grade _____

Type of Acceleration _____ Subject (Specify) _____
_____ Grade (from-to) _____
_____ Early Entrance _____

Placement From _____
GRADE/SUBJECT TEACHER BUILDING
To _____
GRADE/SUBJECT TEACHER BUILDING

Transition Period: Begins _____ Ends _____
M/D/Y M/D/Y

Strategies to ensure a successful transition:

Strategies to ensure continuous progress following the transition period:

Requirements and Procedures for Earning High School Credit Prior to Entering High School (if applicable)

Staff member assigned to monitor the implementation of this plan:

NAME

POSITION

Signatures

Date _____

SCHOOL DISTRICT REPRESENTATIVE

PARENT/GUARDIAN/REPRESENTATIVE

*Distribute copies of this document to: student's building principal, current teacher, receiving teacher, gifted coordinator/GIS, and parent(s) or legal guardian(s). Place a copy in the student's file.