

ACCELERATION

Fairfield City School District
Department of Gifted Services

Grade Acceleration Decision

After a complete review of the data collected for consideration of grade acceleration for our student, _____, we believe it is in the best interest at this time for this student to:

- _____ be grade accelerated to grade _____
- _____ remain in the current grade _____
- _____ be placed in grade _____

The undersigned have agreed to the placement noted above of this student. The parent/guardian agrees to hold harmless the Fairfield City School District, for the decision regarding grade acceleration or lack thereof.

Parent/Guardian (date)

Principal (date)

Teacher (date)

Psychologist (date)

Gifted Services Coordinator (date)