

**ACCELERATION**

Fairfield City School District  
Department of Gifted Services

Specific Academic Acceleration Decision

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

\_\_\_\_\_ remain in the current grade \_\_\_\_\_

\_\_\_\_\_ accelerated in subject areas only (listed below)

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 Coordinator (date)