



Clear Fork Valley Local Schools Single Subject/ Grade Acceleration Application

Applicant's Name: _____ Date of birth: ____/____/____

Street Address: _____ Telephone: _____

City: _____ Zip Code: _____

Gender: Female ____ Male ____

With whom does the applicant live? _____ Relationship: _____

Mother's name: _____

Home phone: _____ Work: _____ Cell: _____

Address (if different than above): _____

Father's name: _____

phone: _____ Work: _____ Cell: _____

Address (if different than above): _____

List the student's siblings:

Name of sibling	Age	Sex	Grade

By signing below, you are giving Clear Fork Valley Local Schools permission to evaluate your child to determine if he/she is eligible for acceleration.

Signature _____ Date _____



Clear Fork Valley Local Schools Acceleration Teacher Recommendation

Student's Name: _____

Teacher's Name: _____

Date: ___/___/___ School year you taught this student _____

School _____ Telephone number: () _____

Parents have the right to see all information regarding their child. Please be as professionally accurate and honest with your feedback as possible.

TO THE TEACHER:

The above-named student has applied for acceleration in Clear Fork Valley Local Schools. Clear Fork Valley has established a process for identifying students who are eligible for single subject or full grade acceleration. Please complete all sections of this form. Please place the recommendation in a sealed official school envelope with your signature across the seal and return it to the Principal. Thank you for your time and assistance.

Academic Traits

By check mark, please rank the applicant in the following categories in comparison with other students of the same age or grade level whom you have known or taught in your school. Additional narrative comments are encouraged.

	Low	Average	High
Intellectual Aptitude			
Task Commitment			
Academic Motivation			
Intellectual Curiosity			
Imagination and Originality			

Recommendations for this candidate:

_____ With great enthusiasm _____ With good confidence _____ With some confidence
 _____ With reservation _____ I DO NOT recommend this candidate

NOTE: Please elaborate on a "do not recommend" and "recommend with reservation" recommendation.

Narrative

Please describe ways in which this child demonstrates that he or she is achieving one year above grade level or at an advanced level of proficiency.

Please describe this student as a learner.

Please describe this child's social interactions at school.

We would appreciate any additional information that will help determine whether acceleration is a good match for this child.
