



Polk County Public Schools Request for Academic Acceleration (ACCEL)



Child's Name: _____ **ID No.** _____
Grade: _____ **Date of Birth:** _____
School: _____

Acceleration Option(s):

- Whole Grade: From Grade _____ to grade _____
 Individual Subject Area Subject Area(s): _____

Minimum Criteria Required:

All grades:

- Attendance: ≤ 3 unexcused absences in 30 calendar days; ≤ 5 unexcused absences in 90 calendar days.
- Good conduct
- Teacher and School Counselor Recommendation

Grades K-2:

- Performance - "A" average for the previous year in Reading and Mathematics courses
- Informal Reading Inventory provided in the *Reading Wonders* Placement and Diagnostic Assessment online resource. To be independent, the student should accurately decode at least 95% of the words and comprehend 90% of the material.
 - Kindergarten Independent Level on First Grade Passages
 - First Grade Independent Level on Second Grade Passages
 - Second Grade Independent Level on Third Grade Passages
- SAT 10 score at or above 93rd percentile (*student may be recommended for testing if above criteria met*)

Grades 3-6:

- FAIR FS- PLS (Probability of Literacy Success) Score 90% or above
- FSA or SSA (Science) Level 4 or 5 in 2014-15 School Year for subject being requested for acceleration (if taken)
- Performance - "A" average for the year in each core subject (reading, math, science, social studies)
- SAT 10 score at or above 93rd percentile (*student may be recommended for testing if above criteria met*)

Reasons for Request of Academic Acceleration: (Please be very specific. Attach any additional information and available documentation to this form.)

 Signature of person(s) initiating referral Name (please print) Relationship to Student Date

Student is eligible for SAT 10 assessment Yes No _____
Signature of Administrator