

**NICASIO SCHOOL DISTRICT
PROMOTION/ ACCELERATION/RETENTION**

Grade Level Acceleration

Student : _____ School Year: _____ Current Grade Level: _____

This student shall be accelerated to grade _____ effective _____

Proficiency Levels based on Current Grade Level

Coursework (Student Work and Assessments)

	Coursework Grade(s)	Percentage
Reading	_____	_____
English Language Arts	_____	_____
Mathematics	_____	_____

State Standardized Testing and Reporting Program (STAR)*

*Applies to grades 2 through 8 only

	Score	Proficiency Level
English Language Arts	_____	_____
Mathematics	_____	_____
Writing (Grades 4 & 7)	_____	_____

Social and Emotional Maturity Considered YES NO

Additional Information:

The student named on this document meets the minimum requirements for grade level acceleration outlined in the Districts policy and administrative regulations (BP 5123, AR 5123). As such, it is the recommendation of the child’s teacher(s) and the school administrator that this child be accelerated to the grade level indicated above. By signing below, the student’s parents/guardians give their consent to the school’s recommendation.

_____ Teacher’s Signature	_____ Date	_____ Administrator’s Signature	_____ Date
_____ Teacher’s Signature	_____ Date		
_____ Parent’s/Guardian’s Signature	_____ Date	_____ Parent’s/Guardian’s Signature	_____ Date