

Grade Acceleration Documentation Form Initial Meeting

School: _____ Principal: _____

Student: _____ Grade _____ Teacher: _____

1. Date of meeting of the School-Level AIG Team: _____

- a. Evidence was provided to document that the student is more than two years above grade level.

List evidences:

If School-Level AIG Team determines that further consideration is in order, the team proceeds to Step 2.

2. The following critical items from Section III of the Iowa Acceleration Scale (IAS) are considered. *If any of these items applies to the student in question, whole-grade acceleration is not recommended.*

- a. The student would be accelerated into the same grade as (or a higher grade than) a sibling. **YES/NO**
- b. The student currently has a sibling in the same grade. **YES/NO**
- c. The student indicates that he/she does not want to be whole-grade accelerated. **YES/NO**

If none of these items apply, request consent for evaluation from the parent/guardian. (A-3) The school uses this form to request the Iowa Acceleration Scale from the AIG Coordinator and proceeds with the grade acceleration process as outlined in the AIG Document's Grade Acceleration Procedure.

AIG Team Signatures:

_____	_____
_____	_____
_____	_____
_____	_____