

**Southeastern California Conference**  
**Office of Education**  
**APPLICATION FOR ACCELERATION K-8**  
*In accordance with the policies contained in the Pacific Union Conference*  
**EDUCATION CODE #2134 and #2136**

This form is to be completed,  
signed and returned or faxed  
to the SECC Office of  
Education.

School \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Total Years in School \_\_\_\_\_

1. State reasons why acceleration seems advisable. \_\_\_\_\_

\_\_\_\_\_

2. Indicate results of a standardized achievement test which has been administered within the last calendar year.

Name and Form of Test \_\_\_\_\_ Date Administered \_\_\_\_\_

Total Reading \_\_\_\_\_ Total Language \_\_\_\_\_ Total Math \_\_\_\_\_ Composite \_\_\_\_\_

3. Give a brief evaluation of the student's physical, social, emotional, and academic performance in the present grade. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has the student previously been accelerated? \_\_\_\_\_ What grade levels have been completed? \_\_\_\_\_

We request this acceleration because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Date*

*Signature of Parent*

5. Complete an implementation plan, on the backside of this form, showing how the student will demonstrate mastery of the subject areas in the grade levels being accelerated.

**After careful evaluation, it is my recommendation that acceleration for this student be approved.**

\_\_\_\_\_

*Date*

*Signature of Teacher*

\_\_\_\_\_

*Date*

*Signature of Principal*

*To be completed by SECC Office of Education before a student is permitted to be accelerated.*

*Application approved* \_\_\_\_\_

*Application denied* \_\_\_\_\_

\_\_\_\_\_

*Date*

*Signature of Associate Superintendent*