



## WRITTEN ACCELERATION PLAN (WAP), GRADES K-12

STUDENT NAME \_\_\_\_\_ ID # \_\_\_\_\_

D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT TEACHER: \_\_\_\_\_

\_\_\_\_\_ Whole-Grade Acceleration – new grade \_\_\_\_\_

\_\_\_\_\_ Subject Acceleration \_\_\_\_\_

As noted in Ohio's Academic Content Standards: *Every Ohio student, regardless of race, gender, ethnicity, socioeconomic status, limited English proficiency, disability or giftedness shall have access to a challenging, standards-based curriculum. All children should be provided adjustments when necessary in order to address their individual needs.*

### ACCELERATION TEAM SIGNATURES

1. Parent(s) or Guardian(s) \_\_\_\_\_

2. Referring Principal or Designee \_\_\_\_\_

3. Current Teacher \_\_\_\_\_

4. Teacher of proposed accelerated grade \_\_\_\_\_

5. Education Manager/Coordinator \_\_\_\_\_

6. School Psychologist/Counselor \_\_\_\_\_

7. Other \_\_\_\_\_

Today's date: \_\_\_\_\_ Follow-up date set for: \_\_\_\_\_

Dr. Warren G. Morgan II, Chief Executive Officer

Kerry Ivkovic, Director, Gifted K-12



## ACCELERATION PLAN DOCUMENTATION

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

REASON FOR MEETING:

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PRESENT PERFORMANCE:

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Strategy	Who/Where	When/How Often	Evaluation	Follow-up