

**Request for Whole-Grade Acceleration  
Data Collection Form**

Student's Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ Current Grade Placement: \_\_\_\_\_ School \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Review Conducted: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

This information review is being conducted as a part of:

\_\_\_ consideration of change of placement

\_\_\_ other

Team members:

\_\_\_ met (specify if some/all participated electronically)

\_\_\_ conferred

To review all relevant information in order to determine if additional data is needed to determine continued eligibility and/or necessary services

Instructions:

**a.) Describe source of the information reviewed** (e.g., school academic records, previous assessments, medical reports, school health records, teacher or parent interview). Include sufficient information to ensure that the source of the data is clearly identifiable and can be retrieved for further examination; includes dates m/d/y (e.g. "Dr. Jones clinic notes dated 6/6/06" or "ITBS administered 9/07" or "Nurses report of general screening"). If data is from teacher interview, specify the teacher's name.

**b.) Summarize the information gained from the source**

**c.) Record the team's decision regarding further assessment to be conducted or information to be gathered**





FILE: IKE-AF2  
Critical

**Based on this review of information, the team made the following decisions:**

   **No additional information needed, proceed to determination of eligibility:**

**Conclusion:**

   **Additional assessment/information, as specified above, is needed to determine eligibility and educational needs; notification to be provided to parent.**

This determination was made on \_\_\_\_\_ (m/d/y).

**Signatures of participants:**

<b>Names</b>	<b>Title/Role</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Implemented:

Revised:

Boonville R-I School District, Boonville, Missouri