

Sequim School District No. 323 "Engage Empower Thrive"

503 North Sequim Avenue, Sequim, WA 98382 Telephone: (360) 582-3260, FAX: (360) 683-6303 www.sequimschools.org

Request for Acceleration

The Sequim School District is committed to academic and personal success for every student. This includes providing education with high academic standards and rigor which will promote the maximum academic, social-emotional, and physical development of each student.

Name of Student:	Date of Birth:
Current Grade Placement:	Requested Grade/Subject Area:
Timeline for Requested Change:	Next School Year
School:	Teacher/Team:
Parent/Guardian:	
Address:	
Phone Number(s):	
On reverse side of this form, give specific examples that you significantly higher level. In your narrative describe each of	
 Overall academic performance Ability to apply, analyze, and evaluate ideas at an advance Ability to work independently Ability to think creatively Motivation to work on advanced material Oral and written communication skills Exhibits passion for topic(s) of interest Social/Emotional development 	d level
Name of Person(s) Submitting Request:	
Relation to Student:	Date:

Please complete the reverse side of this form and attach any other pertinent information.

Student Observation Examples
1. Overall academic performance
2. Ability to apply, analyze, and evaluate ideas at an advanced level
3. Ability to work independently
5. Ability to work independently
4. Ability to think creatively
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5. Motivation to work on advanced material
6. Oral and written communication skills
7. Exhibits passion for topic(s) of interest
8. Social/Emotional development

Please submit completed form to the building principal

(Principal, please refer to procedure 2421P for next steps.)

Form should be retained in students cumulative file