

Content and Grade-Level Acceleration Nomination Form
Louisa-Muscatine CSD

Student:	Current Grade:
Date:	Teacher:

All nomination requests for acceleration must be received prior to October 1st for consideration in the current school year and by April 1st for the following year.

I nominate (student name) _____ for:

- Whole grade acceleration**
- Single subject acceleration** _____
- Multiple subject acceleration** _____
- Other** _____

Reason(s) for request:

Include specific evidence and/or data to support this student's need for acceleration.

Provide names of the student's homeroom teacher(s) from the past two years.

Nominator's Signature: _____ Date: _____

Relationship: _____

*Fill out to the best of your abilities, please reference teachers or parents for additional data.

Step 1: Quantitative Data*

A. Iowa Assessments - NPR scores for each year:

Grade	Math	Reading	Science	Social Studies

B. aReader/aMath Scores (Please use most recent 4 years)

Year				

	Fall	Winter	Spring	Fall	Winter	Spring	Fall	Winter	Spring	Fall	Winter	Spring
aReader												
aMath												

C. Cognitive Abilities Test Scores (CogAT)

Name:	Grade/Teacher:	Profile:	Date:	Age:

Level:	Stanine	SAS Standard Age Score	Percentile Rank (--%)
Verbal			
Quantitative			
Nonverbal			
Composite			

D. Other (I-Excel, ACT, etc.)- please list test name, year, and scores.

*Fill out to the best of your abilities, please reference teachers or parents for additional data.

Step 2: Qualitative Data (from IAS)*

Parent Observations

Check rating for each of the following characteristics (compared with age-mates).

	Excellent	Average	Poor	Comments
10. Motor Coordination				
4. Motivation assignment completion, positive attitude				
12. Behavior				
11/13. Social maturity relationships with peers, emotional development				
5. Attitude towards Learning				

(6) Does your student participate in School-Sponsored Extracurricular Activities? (e.g. athletics, music programs, clubs) Which ones?

(15) Does your student participate in Non-School Sponsored Extracurricular Activities? (e.g. sports, music, art, 4H, Scouts) Which ones?

Parent Signature: _____ Date: _____

Print Name: _____

When completed, submit to building principal or TAG Coordinator.

Bethany Erickson District TAG Coordinator berickson@lmcsd.org
 Aimee Wedeking Elementary Principal awedeking@lmcsd.org
 Chris Parkhurst JH/HS Principal cparkhurst@lmcsd.org
 Mike Van Sickle District Superintendent mvansickle@lmcsd.org

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