Application for Grade Level Acceleration – Grades 6-8

PART ONE (to be completed by the parent/guardian and submitted to cbe@garlandisd.net)

Student's Local ID#:		Date of birth:	Current Grade:	
Currer	nt Campus			
Name	:			
	Last	First	Middle	
Addre				
	Street		Apt#	
	City	State	Zip Code	
Paren	t/Guardian's Phone Numbe	er: ()		
Paren	t/Guardian's Email Address	s:		
*Note	: you must contact the mag ation during the 6-12th Ma		<u>a@garlandisd.net</u> to complete a magnet cond chance magnet application window.	
1.	grade-level or subject acce		to administer a CBE/Acceleration exam for on my student's prior assessment history o	
2.	I give permission for my student, indicated on this application, to be administered a CBE(s) should he/she meet the initial qualifications. If my student does not meet the qualifications, I will be notified			
3.	must score at least an 80	udent is recommended to take a Cl % or higher on each of the four con s) is required to accelerate a grade		
	exams. Readin	_	ool, the student will be required to take 8 mester B, Math Semester A & Semester sudies Semester A & Semester B.	
4.	Semester A on day 1 & sh	ing will occur beginning the first week of June. The student will take Reading Language Arts er A on day 1 & should my student make an 80% or higher on the first exam, then subsequent will be ordered.		
5.	My student has ONLY TW state law & there is NO a		ate per grade level & course. This is	

6.	I understand that the district assumes the for which he/she is registered, the district the same exam. In this case, the parent/gordering.	t will not assume the cost for	the student to register again for
my ch that n	parent/guardian, am aware that placement ild meet the qualifications. I am also awar ny child may be placed back into the previo mic interests.	e that acceleration is on a pro	obationary basis, and I am aware
Parent/G	uardian name printed	Parent/Guardian Signature	Date

PART THREE (to be completed and signed by RAAD prior to testing)

Review of Student's Academic Performance

Assessment	Tested Language	RIT	EOY Percentile of grade level to skip
MAP Growth Reading 6-8			
MAP Growth Math 6-8			

STAAR Assessment	Tested Language	Scaled Score	Level
5th STAAR Reading			
5 th STAAR Math			
5 th STAAR Science			
6 th STAAR Reading	English		
6 th STAAR Math	English		
7 th STAAR Reading	English		
7 th STAAR Math	English		
7 th STAAR Writing	English		

PART FOUR (To be completed by the RAAD department upon receipt of exam results and forwarded to the proper campus administrator and/or counselor)

Course/Subject Exam	Date Tested	Score
Language Arts		
Math		
Science		
Social Studies		

Based upon the CBE results, the student meets all requirements to accelerate and will accelerated to the following grade level according to the placement guidelines on the Garland ISD CBE schedule:					
, , , , , , , , , , , , , , , , , , , ,	,	Grade level			
RAAD Coordinator Signature	Printed Name	Date			
Campus Administrator Signature	Printed Name	Date			

Once the results have been communicated to the parent/guardian, please place this application into the student's cumulative folder