

Application for Grade Level Acceleration – Grades 6-8

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

Student's Local ID#: _____ Date of birth: _____ Current Grade: _____

Current Campus _____

Name: _____
Last First Middle

Address: _____
Street Apt #

_____ City State Zip Code

Parent/Guardian's Phone Number: (_____) _____

Parent/Guardian's Email Address: _____

If my student qualifies, I would to apply for a 6-12th grade magnet program. Yes No

**Note: you must contact the magnet office at gisdmagnetprograms@garlandisd.net to complete a magnet application during the 6-12th Magnet application window or the second chance magnet application window.*

PART TWO (each statement below must be initialed by parent/guardian)

1. I understand that the recommendation to administer or not to administer a CBE/Acceleration exam for grade-level or subject acceleration will be determined based on my student's prior assessment history of i-Ready/iXL or MAP (prior to 2026-2027 year) and STAAR assessments (if applicable). _____
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. I understand that if my student is recommended to take a CBE(s) for grade-level acceleration, he/she must score at least an 80% or higher on each of the four content exams (language arts, math, science, and social studies) is required to accelerate a grade level. _____
 - In order to accelerate a grade-level in middle school, the student will be required to take 8 exams. Reading/Language Arts Semester A & Semester B, Math Semester A & Semester B, Science Semester A & Semester B, and Social Studies Semester A & Semester B.

4. All testing will occur beginning the first week of June. The student will take Reading Language Arts Semester A on day 1 & should my student make an 80% or higher on the first exam, then subsequent exams will be ordered. _____
5. My student has ONLY TWO lifetime opportunities to accelerate per grade level & course. This is state law & there is NO appeal process. _____

6. *I understand that the district assumes the cost of CBEs. However, if the student does not take an exam for which he/she is registered, the district will not assume the cost for the student to register again for the same exam. In this case, the parent/guardian will be required to pay for the exam(s) prior to ordering. _____*

I, the parent/guardian, am aware that placement into 7-9th grade will occur the following school year should my child meet the qualifications. I am also aware that acceleration is on a probationary basis, and I am aware that my child may be placed back into the previous grade should it be in his/her best social, emotional or academic interests.

Parent/Guardian name printed

Parent/Guardian Signature

Date

Grade Level (grade level to skip)	i-Ready Diagnostic Reading Score	i-Reading Diagnostic Math score	I-Ready Diagnostic Grade Level
6 th	641+	541+	Late 6 th grade
7 th	654+	565+	Late 7 th grade
8 th	670+	575+	Late 8 th grade

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

Review of Student’s Academic Performance

Assessment	Tested Language	Diagnostic Score (i-ready) RIT (MAP)	Diagnostic grade level OR MAP Percentile
i-Ready Reading			
I Ready Math			
MAP Reading (before 2025/2026 sy)			
MAP Math (before 2025/2026 sy)			

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