MARIETTA CITY SCHOOLS
ACCELERATION CONFERENCE

Student _____ Date _____

School/preschool_____ Current grade _____

Type of acceleration: ___early entrance ____single subject ___whole grade ___early graduation

Purpose for conference:

___ initial team meeting with parent/guardian upon receipt of referral

___ post-testing/evaluation team meeting with parent/guardian

___ team meeting to create or review the written acceleration plan

___ end of transition period team meeting

___ other _____

Team recommendation(s):

_____

_____

_____

_____

NOTES:

Present:

Name	Position/relationship to child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____