Course Enrichment and Acceleration

**Course enrichment** will occur when a student demonstrates achievement, performance or expertise above one whole grade level in one or more academic areas. Course enrichment will include in-depth learning experiences that provide interaction with new ideas, skills, and topics that enhance the grade level curriculum. These experiences are based upon the student’s identified strengths, interests, and academic needs.

**Acceleration** may occur two different ways: single-subject acceleration or year-of-grade promotion.

Single-subject acceleration will occur when a student demonstrates two years above mastery in his/her current grade level Language Arts/Reading or Mathematics course. If a student is recommended for single-subject acceleration, comprehensive data and teacher/parent input will be collected. An observation by the building’s guidance counselor will also be conducted to determine the student’s emotional and social readiness for acceleration.

Year-of-grade promotion will occur when a student demonstrates two years above mastery in all of his/her current grade level courses. If a student is recommended for year-of-grade promotion, a *Permission to Evaluate for Gifted Services* form or a *Permission to Reevaluate* form will be issued by the School Psychologist.

If a student is recommended for acceleration, the following is the list of data and information that will be collected and reviewed by an acceleration committee:

|  |  |  |
| --- | --- | --- |
| **Measurement** | **Benchmark for Acceleration** | **Grade Level Administered** |
| Current grade level teacher input | Teacher recommendation | Grades 2 – 11  |
| Observation by building guidance counselor | Guidance counselor recommendation | Grades 2 – 11 |
| Current Grades | 98% or higher in core course(s)  | Grades 2 – 11 |
| Achievement Test Results  | At least two years above current grade level  | Grades 2, 3, 4, 5, 6, 7, or 8  |
| Curriculum Based Assessments* Benchmarks
* End of the year test
 | At least two years above current grade level and passing score on end of the year assessment(s)  | Grades 2 – 11  |
| Pennsylvania System of School Assessment (PSSA) | 97th percentile score  | Grades 3, 4, 5, 6, 7, or 8 |
| Keystone Exam(s) * Algebra
* Literature
* Biology
 | 97th percentile score | As available  |

Once all of the above criteria is collected, the information and data will be reviewed by the acceleration committee to determine if acceleration is academically, emotionally, and socially appropriate for the student.

The committee will consist of the following team members:

* Student – if appropriate
* Build Principal
* Guidance Counselor
* Current grade level teacher
* Accelerated grade level teacher
* Parent or Guardian
* Director of Special Education or Assistant – if the student participates in the Gifted Program
* Gifted Teacher – if the student participates in the Gifted Program

If acceleration is agreed upon by the committee, the student will participate in a 6-week trial period. After 6 weeks, the committee will reconvene to determine if acceleration is appropriate for the remainder of the school year.

The committee will collect the following:

* Current grades that include **at least 4 – 5 assessments**
* At least 1 benchmark assessments in accelerated class(s)
* Accelerated teacher input
* Written observation by building guidance counselor

**Teacher Input Form**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Please return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following:**

1. Academic Performance(on/above grade level, include current benchmark assessments, etc.)

Reading/Language Arts:

Mathematics:

Science:

Social Studies:

1. Learning Strengths (achievement, performance, academic expertise, etc.):
2. Skills, Interest, Aptitudes (e.g. higher level thinking skills, creativity, leadership, etc.):
3. State Assessment Results (PSSA/Keystones):

Reading \_\_\_\_\_\_\_\_\_\_

Math \_\_\_\_\_\_\_\_\_\_

Science \_\_\_\_\_\_\_\_\_\_

1. Educational Needs:
2. Additional Comments/Observations:

**Parent or Guardian Input Form**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sent Home: \_\_\_\_\_\_\_\_\_\_\_

Your child has been recommended for acceleration. It is important that you are part of the acceleration committee. To help us gather all relevant information about your child, we are asking that you complete this form. Your responses will be presented at the acceleration committee meeting when the team determines if acceleration is appropriate for your child.

1. Please comment on the academic performance of your child (e.g. academic achievement, exceptional skill areas, subjects of interest, grades, special projects, leadership skills, computer skills, etc.):
2. Please comment on any non-academic activities in which your child participates in school (e.g. music, art, sports, etc.):
3. Please comment on any extra-curricular activities in which your child participates (e.g. Scouts, sports, lessons, etc.):
4. Please provide any additional information you feel may be relevant to the multidisciplinary team in making a determination of gifted abilities:

Parent or Guardian’s Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**Data Collection Form**

**The Acceleration Committee will complete the form for review.**

|  |  |
| --- | --- |
| Course Grades | **Year 1:** ELA: Math:Sci: SS:**Year 2:**ELA: Math:Sci: SS: |
| State Assessment (PSSA/Keystones) | **Score:** BB B P Ad |
| Grade Level Benchmark*(Attach Data Sheet)*  | ELA: Math: |
| End of the Year Assessment Results | Score: Passed *(circle)*: Yes No  |
| Achievement Results  | Letter and Word Recognition:Grade Equiv: \_\_\_\_\_\_\_\_ Age Equiv: \_\_\_\_\_\_\_\_Reading Comprehension:Grade Equiv: \_\_\_\_\_\_\_\_ Age Equiv: \_\_\_\_\_\_\_\_Reading Summary: Math Concepts and Applications:Grade Equiv: \_\_\_\_\_\_\_\_ Age Equiv: \_\_\_\_\_\_\_\_Math Computation:Grade Equiv: \_\_\_\_\_\_\_\_ Age Equiv: \_\_\_\_\_\_\_\_Math Summary: Written Expression:Grade Equiv: \_\_\_\_\_\_\_\_ Age Equiv: \_\_\_\_\_\_\_\_Writing Summary:  |
| Attach the following: | Teacher Input Form(s)Parent Input FormObservation from Guidance Counselor |

**Additional Information/Comments:**