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## **School District**

## **Teacher Recommendation for Acceleration**

Student's Name:
Teacher's Name:
Date:/ School year you taught this student
SchoolTelephone number: ( )
Parents have the right to see all information regarding their child. Please be as professionally accurate and honest with your feedback as possible.
TO THE TEACHER:
The above-named student has applied for:
Single Subject Acceleration in
Whole Grade Acceleration - Grade to Grade
Madison Local Schools have established a process for identifying students who are eligible for single subject or full grade acceleration. Please complete all sections of this form. Please place the recommendation in a sealed official school envelope with your signature across the seal and return it to the Principal. Thank you for your time and assistance.

## **Academic Traits**

By check mark, please rank the applicant in the following categories in comparison with other students of the same age or grade level whom you have known or taught in your school. Additional narrative comments are encouraged.

	Low	Average	High
Intellectual Aptitude			
Task Commitment			
Academic Motivation			
Intellectual Curiosity			
Imagination and Originality			

Date Rec'd
ons for this candidate:
at enthusiasm With good confidence With some confidenc
ervation I <b>DO NOT</b> recommend this candidate
elaborate on a "do not recommend" and "recommend with commendation. (Use back, if necessary)
e ways in which this child demonstrates that he or she is achieving grade level or at an advanced level of proficiency.
e this student as a learner.
e this child's social interactions at school.
eciate any additional information that will help determine whether a good match for this child.
Signature of Teacher Date
e this child's social interactions at school.  eciate any additional information that will help determine wheth

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