

Lancaster Community School District

Instruction

**RECOMMENDATION FORM FOR  
SUBJECT/GRADE LEVEL ACCELERATION**

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

Date: \_\_\_\_\_

Person(s) Making Recommendation: \_\_\_\_\_

\_\_\_\_\_

I. Rationale/Reasons for Recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Test Results/Other Information Supporting Subject/Grade Level Acceleration:

III. Other Evidence/Support for Subject/Grade Level Acceleration:

EXHIBIT REVISED:  
EXHIBIT APPROVED: January 12, 1994  
April 14, 2004