

ACCELERATION PLAN FOLLOW-UP FORM
AFTER INITIAL TRANSITION PERIOD

Student's Name: _____

School and Grade: _____

Date of initial meeting: _____ Today's follow-up meeting date: _____

Briefly explain the accelerated placement as decided by the acceleration plan committee at the initial meeting:

Briefly explain the child's transition and adjustment to the new placement:

Will an alternate placement and a second transition period be necessary for this child? If so, what will the alternate placement be?

What will be the dates and duration of the second transition period?

Specify here if an alternate placement and second transition period is NOT needed. Team agrees that the initial acceleration placement is appropriate for this child and will become part of his/her permanent record file:

*After the placement becomes permanent, it is the school's responsibility to follow-through on implementation with each new school year.

Names and titles of team members:

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CLEVELAND METROPOLITAN SCHOOL DISTRICT
OFFICE OF GIFTED EDUCATION
Beverley Veccia, Gifted Program Manager K-12